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## ORIGINAL ARTICLES.

### METHODS AND RESULTS IN THE TREATMENT OF THE INSANE.\*

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#### PART I.

WHILE MUCH has been said and written in advocacy of home treatment on the one hand, or asylum treatment on the other, the fact that good treatment of the insane should be administered in the earliest possible stages of the disease has sometimes been left out of sight.

To show the advantages of early treatment we make the following statements: From May 20, 1874, to September 30, 1886, 1,949 patients were admitted to the Middletown asylum; 1,538 have been discharged. Of this number 712 were discharged as recovered. Of those thus discharged 53.76 per cent. were admitted within six months after the inception of insanity; 27.71 per cent. of recovered patients were admitted after the insanity had continued for more than six months, but less than one year; 20.08 over one year and less than two years; 16.08 over two and less than five years; and 9.45 per cent. recovered after the mental disorder had continued for periods ranging from five to twenty years.

In the above percentages there may be observed the dwindling chances of recovery in accordance with the delay in placing patients under treatment in an asylum. The experience of this institution is similar to that of many others in this respect. The wisdom of treating any other disease as promptly as possible after its existence is discovered is almost universally recognized; but, for many reasons, the treatment of insanity is often delayed until the last hope of recovery has vanished like a vision in the night.

The most common reasons for delay in the treatment of the insane are: First, the aversion of patients and friends to acknowledge the existence of the disease; secondly, a sense of degradation which exists quite unnecessarily; and, thirdly, the inability of patients and friends to

comprehend the necessity for wise and wholesome and prompt treatment.

There is no more disgrace in becoming mentally unsound than in becoming physically unsound. And there is no more actual disgrace in being treated at an asylum for mental disorder than in being treated in a hospital for physical disorders. These facts will be generally recognized by-and-by.

#### HOSPITAL TREATMENT FOR THE INSANE.

For several years we have adopted the plan of placing our patients in bed for treatment, and sometimes this form of treatment has been continued, in individual cases, for several months in succession. Of course, a reasonable discrimination as to the classes of patients to be selected for the purpose of bed treatment should be exercised. We have been most successful in thus treating cases of acute mania, of acute melancholia, of melancholia with stupor, of primary dementia and general paresis.

Whatever the form of insanity, all patients suffering with physical exhaustion and tendency to heart failure should be, as a rule, obliged to take bed treatment. It is surprising to observe the quieting effects which follow this method of treatment in cases of acute mania. By placing such patients in beds in suitable hospital rooms, by watching the patients carefully night and day, and by encouraging them to rest, just as we encourage typhoid fever patients to remain quiet, and by furnishing an abundance of suitable food to supply needed nutriment with the worn, exhausted and irritated tissues of the body, we have in a short time a quiet and self-controlled patient. These same cases of acute mania, if allowed to be up and dressed, and moving about upon the wards, would continue for weeks and months in a state of elaborate and unrestrained excitement. They remain devoid of self-control, and continue to exercise, regardless of the need for rest, until, worn and wasted, they pass with remarkable directness into the sad and hopeless realms of dementia.

Having tried the plan of allowing acute mania patients to take all the exercise they cared to, and having been somewhat discouraged by the results of such treatment, we passed gradually to the

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plan of treating such cases with rest, and with an abundance of liquid food, and with steadily increasing good results.

One great advantage of hospital treatment is that we have been enabled to do away with the muff, the body strap, and all coercive measures of an unpleasant nature.

#### FOOD.

One of the most important factors in the care of the insane, and one which has not always received the attention it deserves, is appropriate and abundant food. Some of the insane can eat goodly quantities of ordinary foods, such as are used in every community; but quite a considerable proportion of the asylum population seems unable to thrive upon such diet as they have been accustomed to at home. Many of our patients require food that is not only easily administered, but also easily digested and assimilated. As a food that is almost universally applicable in cases made weak by the excitements, anxieties, and cares of insanity, fresh milk heads the list. But, after all, milk does not seem to satisfy in full the demands of many. It seems to me that we get better results by giving, in addition to milk and blood foods, beef-tea, when properly prepared, and the various wheat foods to be found in our American markets. Prepared foods made of juices of beef and mutton, and grapes are exceedingly valuable. Beef peptonoids, and peptonized cod liver oil and milk, are also useful. Our hospital diet is now composed mainly of milk, either hot or cold; beef-tea, as prepared from fresh beef by a slow and cautious process of cooking; cold beef-tea, made from fresh beef and muriatic acid; and prepared foods, such as are in common use throughout the country for children and invalids. To the foregoing may be added fruits in their season, a few light vegetables, and the usual varieties of breadstuffs. These latter are rendered more palatable and digestible, as a rule, by the process of toasting. Again, we use fresh meats, hashed and cooked as slightly as possible; and if it seems desirable to have patients flesh as rapidly as possible, they are fed upon baked potatoes with an abundance of butter, upon lettuce and salad oil, upon milk and rich soups, and numerous other fat-forming foods. Care must be exercised in the fattening of patients, and while undergoing the process a sufficient amount of mental stimulus must be supplied to keep the brain in active working order while the bodily recuperation is going on. Thus the danger of dementia is averted, as far as possible.

#### SCHOOL TRAINING FOR THE INSANE.

After the rest treatment with suitable diet has been carried to a successful conclusion, the work of renewing bodily and mental activities must be established. To this end, among other means, we have adopted the plan of encouraging, our young patients especially, to accept systematic and regular school instruction.

It was my good fortune in 1883 to visit the Richmond District Asylum, located at Dublin, Ireland, and while there I became acquainted with Dr. Joseph Lalor, the medical superintendent of that institution. We found him a most earnest advocate of the system, long adopted in that asylum, of educating and training the insane.

When I first met Dr. Lalor he had enjoyed an experience of more than twenty-five years in the practical work of educating his patients. He presented me with an essay, written by himself, on the use of education and training in the treatment of the insane in public asylums. From this essay we shall make a few excerpts, showing conclusively, by one whose name is an authority upon scientific and educational matters throughout the Emerald Isle, the practical benefits to be derived from educating the insane.

Dr. Lalor makes this emphatic assertion: "I consider that education and training are most valuable agents in the treatment of the insane of all classes." He also says: "I consider school attendance most valuable in improving the habits, modes of thought and powers of self-control of the patients, not only in but out of school hours."

In describing the practical application of this method, he writes: "In reference to the education or training of the insane, no matter of what class or age, I try to have the patient engaged in the same pursuit for not more than one to one hour and a half consecutively. I consider the alternation of literary, æsthetical, moral, and physical education, with industrial employment and education (so as to produce a variety of occupation), to be of great advantage in the treatment of the insane, whether the particular form of insanity be mania, melancholia, dementia, or imbecility."

It is evidently intended by Dr. Lalor, and we heartily concur, that the education and moral training of the insane should be carried on systematically in an asylum by teachers whose intellectual qualifications have been developed to a larger and broader degree than is found, ordinarily, among those who simply attend to the physical wants of patients committed to their

care. It is one thing to be a good attendant as to cleanliness, discipline and physical comfort, and it is quite another thing to exercise an influence stimulating, rejuvenating, and developing, upon the minds of the youthful and growing insane.

Concerning the necessity for planting and cultivating the seeds of truth in disturbed and disordered minds, and then waiting patiently for good results at the harvest time, Dr. Lalor says: "Assuming that educational training is a powerful, improving and ameliorating agent with all classes of the insane, it is important to bear in mind that it does not produce its full results until after the lapse of a very long period, and it has led, in Richmond Asylum, in my experience, to most unexpected improvement, and even cure, only after its continuance for years. Hence I venture most earnestly to deprecate any such interference, by legislative enactment or otherwise, as would make its trial short and insufficient."

Time, patience, and persistent effort all are required in the accomplishment of any good results in any field of human activity or usefulness.

In the introduction of school training for the insane at the Middletown asylum, we make no claim to novelty. We seek simply to monopolize as rapidly as possible every beneficial measure in behalf of the insane with which we may become acquainted.

For several years it has been our custom and our aim not only to cure insanity, but also to develop, strengthen, and enlarge the mental powers of our patients, so that when they return to the world and its trials they find themselves stronger, more self poised, and better fitted to cope with the ordinary trials of life than ever before. In several notable instances we have been successful in this respect.

Education of the insane in an asylum is simply the renewal or a continuance of a task which has been checked or hindered at home by the misfortune of disease. In numerous instances the early education of our patients has been imperfect or of a faulty nature. The task of learning has been burdensome, and, consequently, perhaps, discarded; or it has been borne, not with advantage or improvement, but with constantly increasing mental deformity.

We seek, if possible, to remedy and rectify the mistakes of early education. Long hours, monotonous grind at one single study, anxiety and worry concerning possible or prospective progress in the acquirement of knowledge are all dispensed with at the asylum schools. One hour per day of active school work is the limit. Extra work out of school is allowed only in special cases.

Study is continued just so long as the love for that study abides with the student, and no longer. When the desire for learning is satisfied, the task comes to an end.

It is surprising to note the effect of this plan, and it is astonishing to mark the growth and activity of the love for learning when once it is properly and carefully instilled into the minds of those who attend the school.

Educating the insane upon a reasonable plan seems to have the effect of lifting them out of the slough of despond, or the stagnant pool of dementia, and placing them once more amid the scenes and enjoyments of early life, a life that was brighter before the withering hand of disease had been laid upon the brain and the mind.

Young men who have scarcely spoken a word for a year previous to the establishment of the school, have, in a few days, become willing to converse with those around them, and able to write coherent and satisfactory letters to long-neglected and apparently forgotten friends.

#### MEDICAL TREATMENT OF THE INSANE.

The asylum at Middletown was organized for the express purpose of testing the efficacy of Homœopathic medicines in the treatment of the insane. The law requires, and the community expects, that we shall make this trial fairly and honestly; and we shall comply with statutory requirements and public expectation. The law of similars is, and has been since the asylum was opened, rigidly applied, so far as we are able to discover and apply it in the treatment of the insane under our charge.

After ten years experience, we are able to state that the experiment of treating the insane homœopathically has been such as to justify its continuance.

In the presence of his enemies, Galileo said: "The world does move;" and in the presence of modern sceptics we may say: "Homœopathic remedies act favorably and effectually in the cure of both physical disease and mental disorder, when carefully and properly applied."

In the administration of remedies for the treatment of insanity, we have found some drugs of especial value and efficacy. We have selected some of the most important from the *materia medica*, and arranged their general action and characteristic symptoms in such a manner as to facilitate their use in every-day practice.

#### ACONITE.

*General Action.*—Aconite affects, primarily, the cerebro-spinal and sympathetic ganglionic



systems. It stimulates the inhibitory centres of the pneumogastric, and by hyper-stimulation the pneumogastric nerve becomes exhausted, as is shown by the heart's action becoming quickened and more irregular, until finally paralysis of the heart may occur. Aconite, when given in large doses, produces inevitable cardiac depression and a tendency to death. In less poisonous doses this drug produces acute inflammatory action throughout the system. The precise manner in which the inflammatory process is produced by aconite has not been satisfactorily explained, but it has been suggested that, by causing paralysis of the vasomotor nerves, the arterioles dilate, doubling their capacity, and thus the patients are bled, so to speak, into their own vessels. Wherever there is an excessive supply of blood there is a tendency to inflammatory metamorphosis.

*Brain and Spinal Cord.*—Congestion of the brain, with over-sensitiveness to light; heat and redness of face, or pale face; carotids pulsate strongly; pulse full and strong (also belladonna, gels., veratrum viride); headache as if the brain was moved or raised; burning in the forehead as if in boiling water; vertigo; conjunctivitis; pupils contracted or dilated; formication over the spine; numbness of spine; spasms from inflammation of spine; numbness and tingling of limbs; jerking of arm and leg; nausea and vomiting of cerebral origin; the least noise, especially of music, aggravates the brain symptoms.

*Mind.*—Great fear of approaching death; in consoling anguish; dread of men; fear of ghosts; fears the loss of reason; mental prostration, with weakness of memory; cannot remember dates; changing moods, from dry anguish to exuberant tears; the mind suffers from the effects of anger or fright.

*Sleep.*—Sleeplessness with anxiety and mental restlessness.

*Accompaniments.*—Full, hard pulse and flushed face; hypertrophy of the heart; pain in the cardiac region, and pain and tingling in the left arm.

*Special Sphere of Action.*—Young, full-blooded people, with bright complexions and lively dispositions; great mental and physical restlessness, with anxiety and fear.

#### AGARICUS MUSCARIUS.

*General Action.*—This fungus is classed by toxicologists as a narcotic, acrid poison (Christison); it acts upon the blood, rendering it fluid, so that it runs easily from the bodies of those killed by it; it produces gangrene in the stomach and intestines.

*Brain and Spinal Cord.*—Agaricus produces congestion of the brain, with stupidity; heaviness of the head as if intoxicated; the spine is sensitive to touch; there are severe burning pains in the spine, with jerking or tremblings of the facial and cervical muscles.

*Mind.*—Confusion of mind; unable to find the right word when speaking; disinclined to answer questions; sings and talks, but will not answer when spoken to; indisposed to perform any labor, especially mental; ill-humored and irritable; again merry and singing in ecstasies, and again prostrated by general malaise; people who are solicitous and anxious about ordinary affairs become, under the effects of agaricus, moody and indifferent to their surroundings.

*Sleep.*—Irresistible drowsiness in the day time; on falling asleep the muscles of the body twitch suddenly and the patient awakes.

*Accompaniments.*—Severe pains in the stomach; grass-green diarrhoeic stools; cutting pains in the abdomen, and sometimes dysenteric discharges.

*Special Sphere of Action.*—Paretic conditions after sexual and other debauches; mental obtuseness with ill-humor; trembling and twitching of groups of muscles; coma following febrile or mental excitement; general paresis; mania, and primary dementia.

#### ANACARDIUM.

*General Action.*—It depresses the cerebral centers and the organs of special sense; it produces general nervous prostration and a tendency to dementia, variegated by periods of mental excitement.

*Brain and Spinal Cord.*—Sensation of pressure as from a plug on the left side of the vertex, with pressing pain on the top of the head, aggravated by coughing or deep breathing; pain in the temples as from a nail.

*Mind.*—Great weakness of memory; insensibility to surrounding circumstances; irresistible propensity to swear (also veratrum album); hallucinations of hearing—hears voices of friends who are at a distance; thinks he has two wills, one commands him to do what the other forbids (baptisia, belladonna, lachesis, and stramonium have the same, or similar symptoms).

*Sleep.*—Sound sleep with vivid dreams, which recur to him during the day as things which really happened.

*Accompaniments.*—Besides pressure on the head as from a plug, there is pressure in the eyes as with a plug; also pressure as from a plug in the right side of the chest; also pain around the



navel, as if a blunt plug were squeezed into the intestines. The head, eyes, chest and abdomen feel plugged under the influence of anacardium.

*Special Sphere of Action.*—Mania and dementia, with irresistible propensity to swear and be contrary; mental fatigue and loss of memory from overtaxing the brain.

#### ARSENICUM.

*General Action.*—Arsenicum acts upon the ganglionic nervous system; it acts upon the mucous and serous membranes, producing, in the former especially, inflammation of a low grade; there is marked tendency, under arsenicum, of the tissues to become gangrenous; also there are effusions into those cavities which are lined by the serous membranes.

*Brain and Spinal Cord.*—The nervous system is apparently affected, reflexly, by the disturbances of the digestive apparatus; there is frontal headache, and the pains are of a burning character; there is vertigo and tinnitus aurium.

*Mind.*—Melancholia; sad, tearful and depressed moods; intense anxiety with great restlessness; fears to be left alone lest he should do himself bodily harm; great fear, with cold sweats; cannot find rest anywhere; wants to move from bed to bed; is intensely suicidal; the patient has hallucinations of smell; smells pitch, and sulphur, and anticipates consignment to sheol.

*Sleep.*—Sleeplessness, with restlessness and anxiety; frequent starting in sleep; awakened by pain, especially after midnight; after sleep feels as if he had not slept enough; dreams full of care, sorrow and fear, about thunder storms, fire, black water, and death.

*Accompaniments.*—Asthmatic conditions; difficulty of respiration; thirst for small quantities of water at frequent intervals; weakness and palpitation of the heart; emaciation of the body, followed by dropsical tendencies; scanty urine and burning during micturition.

*Special Sphere of Action.*—Insanity in those who suffer from profound exhaustion after long wasting diseases; melancholia with intense restlessness and suicidal propensities. Dr. Hughes states that arsenic is one of the few remedies which causes genuine neuralgia, and it far excels all other remedies in the treatment of the idiopathic disorder. There is intense sensitiveness of the scalp under arsenicum. This drug is said to produce epilepsy with opisthotonos, and it is a valuable remedy in the treatment of epilepsy when the paroxysms recur periodically.

#### BAPTISIA.

*General Action.*—It disorganizes the blood, and produces putrid conditions in all parts of the body.

*Brain and Spinal Cord.*—Cerebral congestions; face has a besotted appearance; dull, heavy pain at the base of the brain; paralysis of the left side, with numbness.

*Mind.*—Confused, as if drunk; feels as if he was sliding away; bed feels too hard (also arnica); thinks his body is scattered about, and struggles constantly to get himself together; mentally restless, but too lifeless to indulge in active exertion; can be roused, but before answering a question falls asleep again.

*Sleep.*—Sleeps well till three A. M. (also nux vom.), is then restless till morning; cannot sleep because he thinks his head and body are scattered about; restless with frightful dreams; mutters in a delirious way even while partially asleep.

*Accompaniments.*—Intensely fetid breath; dry, hot mouth; tongue very dry and brown, and marked sordes on the teeth; involuntary stools of a strongly offensive nature; the diarrhoea is brownish in color, and often looks like decomposed blood.

*Special Sphere of Action.*—Mania, melancholia with stupor, and dementia; and all mental disturbances where the conditions simulate typhoid fever.

#### BELLADONNA.

*General Action.*—Belladonna acts upon the cerebro-spinal system, causing intense cerebral hyperemia; there is a bright red face, dilated pupils, intolerance of light, and violent spasms of the muscles of the face, neck and arms.

*Brain and Spinal Cord.*—Severe headache, especially in the frontal regions; the headache is of a throbbing nature, (also glonoine and cactus); the pains suddenly come and as suddenly depart; fullness of the head, with throbbing arteries; boring, shooting pains in the head, all aggravated by noise.

*Mind.*—Hallucinations and illusions of sight; the patient sees gigantic forms; these sometimes excite laughter, and sometimes fear; maniacal state in which the patient is merry (also hyos.), and again irritable; at times there is furious delirium and rage; the patient tears clothing, bites, strikes, kicks, howls, and shrieks constantly; wants to escape his present environments; on closing his eyes the patient sees frightful visions.

*Sleep.*—Sleepy yet cannot sleep, (also gels.); jerking of the limbs in sleep; awakens with a start

as if frightened (also lachesis); singing and talking in sleep; dreams of murder, of robbery, and of danger from fire. Sleeplessness from excessive cerebral hyperæmia.

*Accompaniments.*—Spasmodic conditions of all the sphincter muscles; paralysis of the left side, with twitching of the muscles of the right side; bright red condition of the skin; active inflammatory condition of the throat, chest, kidneys, bladder and genital organs.

*Special Sphere of Action.*—Insanity following acute disease; full-blooded people, with tendency to cerebral hyperæmia; all mental conditions where active inflammation of the brain coverings exists; threatened apoplexy.

**THE IMPORTANCE OF PROPER RESPIRATION IN THE TREATMENT OF NON-SURGICAL DISEASES OF THE LARYNX, TRACHEA AND BRONCHIAL TUBES WITH MEDICATED SPRAY, AND SOME EXPLANATIONS AND SUGGESTIONS AS TO THE ACHIEVEMENT OF BENEFICIAL RESULTS.**

BY OTTO FULLGRAFF, M. D.

*Founder and Medical Director (1855-1875) of the late Bond Street Dispensary, New York.*

AS I MAY BE unknown to the younger members of the profession, I will date my theme back to the infancy of laryngoscopy. It was in March or April of 1860 that I had my first laryngoscope, made with three polished steel mirrors of different sizes. The mirrors of the present day were practically unknown then. The annual report of the Bond Street Dispensary, issued February 1, 1861, conveyed the first general knowledge that I had added a laryngoscope to the facilities of the institution. The fact was duly noticed by the press of the city.

It must be confessed that my first experience with the apparatus was very discouraging. From various sources and from the foreign medical journals I learned that the laryngoscopists of the Old World had made what seemed to me to be incredible discoveries. I tried to emulate them, but my spatula would not keep the rebellious tongue in proper position, and if I tried to hold the member with a napkin it would fly back and up against the roof of the mouth. The steel mirror, too, persisted in getting under or over-heated, or the fauces on being touched induced gagging or something worse. Decidedly it was up-hill work. As I gained experience, however, with plenty of material always on hand, the prospect began to brighten.

For many years I used the single or double

rubber bulbs as propelling power in spray treatment of nasal and throat diseases. In 1876 I substituted the air-pump and air-receiver. My experience as a general practitioner then covered nearly twenty-three years, during sixteen of which I had been gaining knowledge in this specialty. I had found that the use of rubber hand bulbs gave successful results only in certain forms of rhinitis, pharyngitis and diseases of the upper larynx, because of the very limited propelling power they developed. The introduction of air pressure afforded at once the means of reaching the ramifications of the bronchial tubes with absolute certainty, provided certain rules were observed. It should be understood that a single air receiver is not sufficient, since it may have too much or too little force for the case in hand. For office use there should be at least two—one with a capacity of 80 to 100 pounds pressure to the square inch, connected by tube and stop-cock with and supplying a second of 40 to 60 pounds capacity. A pressure of 30 pounds meets all ordinary cases. A portable receiver is necessary for the home treatment of patients; also a well padded case containing spray instruments, spatula, napkins, mirrors, medicines, etc., etc. A desirable addition to the outfit is a portable battery, enabling a critical laryngoscopic examination of short duration by electric light, for which gas or the reflected light of a kerosene lamp may be substituted in operating. The pump supplying the storage air-receiver, by steam, hydraulic or hand power, should be outside the operating room and near an open window to prevent the sucking in and propulsion of contaminated air. The distance from pump to receiver may be made entirely a matter of convenience otherwise, as the connection is by means of inexpensive iron pipes of small calibre.

**IMPORTANCE OF PROPER INFLATION OF THE CHEST.**

It may appear strange, but a large number of patients—perhaps the majority—breathe in a faulty manner. Instead of fully expanding the walls of the chest by the action of the thoracic muscles, they distend the abdomen and thereby diminish the chest capacity, which is of vital importance in all cases where it is necessary to reach the tracheal or bronchial mucous membrane. The patient should be seated in a comfortable position beside a stationary basin partially filled with water to facilitate the examination of expectorations, etc. Then, as a preliminary procedure, I place my left hand outspread upon the depression under each clavicle, when the lungs are not inflated, and direct the taking of a

slow unforced and full respiration. During this process it is essential to avoid the "collar-bone breathing," which fills the upper air tubes only, and the improper play of the muscles of the abdomen, instead of those of the thorax, which keeps the walls of the chest almost immovable, while the sub-diaphragmatic region expands. Again, many persons on being requested to take a prolonged and unforced inspiration contract the facial and throat muscles to such an extent as to effectually close the glottis, drawing the epiglottis so tightly over it that no air can enter. As a preliminary exercise in such cases of faulty breathing I put a strong glass tube, about two inches in circumference and five inches long, between the teeth, and have the lips loosely encircle it, the nostrils being closed. Proper breathing then will attract a thin piece of paper held a little distance away, and so seal the mouth of the tube until the inspiration ceases. These methods of training have to be persisted in until the act of breathing is properly performed, for without that no good results can be expected from spray treatment in diseases of the mucous membrane of the lower larynx, trachea or bronchial tubes.

#### IMPORTANCE OF PROPER RESPIRATION IN SPRAY TREATMENT.

After establishing a correct diagnosis by means of the laryngoscope, as well as from the history of the case, I protect the patient by means of a large apron of white rubber cloth, as I do not always use a spatula, napkin or other means to control the tongue, except in diseases of the pharynx or posterior nares, treatment of which is not affected by the mode of breathing, while in nearly all cases of disease of the mucous membrane located below the vocal bands, I rely on proper respiration, with the regulated air pressure, to carry the medicated spray atoms to the affected locality. The extent to which the chest can be inflated depends, of course, upon the nature of the disease and other well-known physical conditions.

One of the best human receivers, as well as most economical dispensers of air is Levy, the famous cornet player, who has delighted so many thousands at Coney Island and elsewhere. His wonderful execution on the cornet is largely due to an extraordinary facility in the control of respiration. He can inflate his lungs enormously and retain the air, giving out a little at a time, or discharge a large quantity at once and refill with the greatest ease. Julius E. Meyer, the widely known vocal teacher of Brooklyn, is another remarkable example of respiratory capacity. He can continue to expand the walls of his chest

while inspiring a medicated spray of considerable strength, and retain the latter over thirty seconds, or until nearly the whole of it has been taken up by endosmosis. If the point of tolerance is overstepped, a distinct explosion, with distended cheeks, will immediately follow, and the vapor not absorbed will pour from mouth and nose a distance of from eighteen to twenty-four inches like inhaled cigarette smoke.

The spraying of the tracheal or bronchial mucous membrane must not begin while the bronchial tubes are wholly or partly filled with air, because in that case the medicated spray will not reach the parts intended to be medicated. Unless the tubes are as nearly empty as possible the spray column will mostly condense at the base of the buccal cavity. If too great air pressure is employed with a view of overcoming faulty respiration the blow upon the epiglottis and vocal organ will be so heavy as to produce temporary ill effects in many cases. The cases are exceptional where such pressure is demanded. Experimentally the patient may be told to "breathe out" when the spray is directed to the tracheal or bronchial mucous membrane. A cloud of spray will at once emerge from the mouth, and that portion which has condensed will be expectorated without coughing, which should not be. In a legitimate application the spray column will effectually permeate both the trachea and the bronchial ramifications. Expectoration or inclination thereto should not immediately follow, unless induced by coughing. Then it will be noticed that the sputa is tinged by the medicine, and it will continue to be so for from three to twenty-four hours after spraying. The duration of the spraying at each sitting varies, and must depend upon the strength and endurance of the patient, as well as upon the nature of the disease. The majority after the application experience an *agreeable feeling of relief, comfort, and warmth*, indicating the precise locality that has been medicated by placing their fingers outside on chest or throat.

Without unison of action between patient and operator, as regards proper breathing and spraying, beneficial results in diseases of the bronchial ramifications cannot be expected. Most patients can bear daily applications for a certain period, and then the intervals may be gradually lengthened, until marked benefit or radical cure is apparent. Notwithstanding my long experience, I am not always able to determine at the outset the strength or modifications of the remedy selected from among the many I employ. In frequent instances I operate upon myself in the presence of



patients to ascertain what degree of strength will be suitable. If the operator lacks intuition, as well as long personal experience, he will not be able to successfully treat this class of diseases by the spray process. The instruments can be bought in the shops, but if guided by presumption and self-conceit they will be valueless. For instance, if remedies too powerful are selected for a patient of highly nervous temperament, the almost invariable consequence will be the instant closing of the air passage by the epiglottis, and the condensation of the medicinal spray at the roof of the tongue, or if the tongue is pulled forward to prevent this, the spray on reaching the glottis will produce temporary spasm of that organ. The glottis, larynx, etc., can be rendered insensible with rhigolene or cocaine, but this process, repeated at short intervals, would no doubt injure the vocal apparatus of singers and public speakers. At any rate, the risk is one better avoided except in extreme cases. Persons of phlegmatic temperament affected with chronic pulmonary phthisis—as I mentioned in my paper on "Spray in the Trachea" in *THE MEDICAL TIMES* of December 1, 1885—can usually endure the contact of the variously shaped instruments and stronger spray in larger quantity much better than those suffering from the acute form or other diseases of the respiratory tract.

The laryngoscopic light and mirrors being always at hand to illuminate the parts when necessary for the guidance of the operator, dexterity in the use of the instruments is very essential after the nature of the disease has been thoroughly diagnosed. The buccal cavity must not be encumbered with too many trappings at a time, since they may interfere materially with successful spraying of the tracheal and bronchial mucous membrane. In diseases of the pharynx or posterior nares, where the mode of respiration can be ignored, the use of instruments of varied construction may be indispensable and cocaine or rhigolene be resorted to as anesthetics. The upper part of the trachea under the vocal chords of the larynx is never touched by the medicated spray during its downward course. It receives the impress of the expelled or returned surplus, which is always visible as it escapes through the open mouth or nostrils like cigarette smoke. I have spray tubes of my own construction capable of reaching this region primarily, but they have proved useful only in very tolerant throats or in cases where the mucous membrane and capillary nerves have been previously made insensible by local anesthetics.

During my long experience as a specialist and

general practitioner I have rarely met with cases of this class that were not materially benefitted by the spray treatment, and, as a rule, cured. The mucous membrane of the air passages acquires resistance to exposure and atmospheric influences, and relapses brought on by subsequent colds yield with marked readiness. The treatment is, in fact, positive and almost universally satisfactory to the patients, without being in any way painful. It will require still more time and experience before the remedies I employ can be clearly and distinctly classified so that the exact combinations and degrees of strength can be specified in each given case. The difficulty arises from the infinite shades of impressibility in different patients, particularly those who require spraying of the more minute ramifications of the bronchial tubes. When the remedy is too strong, the cough admonishes that it will not reach the desired locality, but when it is too weak an inordinate number of repetitions may be required. I cannot, therefore, present within the limits of this article any specific degrees of strength or weakness, but can only repeat that intuition and experience must be relied upon as the great factors in guiding to effective administration.

The remedial agents which I employ, either singly or in various combinations, are as follows: Firvein, tinct. kino, krameria catechu, benzoës, tolu, liquid amber, sanguinaria, stramonium, myrrh, hydrastis, fluid extracts pinus canadensis, verbascum thapsus, matico, lippiamexicana, yerba santa, myrtus, chekan, frankenia grandifl., elixir sabal serrulata, listerine, aq. bromiodine, aq. calcis, acid carbol., glycerine and alcohol.

In diseases of the pharynx or buccal cavity, the treatment is less circumscribed than in those of the lower air passages, because of the comparative ease with which all manner of applications may be made. Medicines prepared with sugar of milk in powder form, such as gum camphor, 1-20, 1-25, 1-50; kali chlor. and kali nitr., 1-10, 1-15, 1-20; Oleum copaiva, ol. sandalwood, iodoform, 1-25, 1-50; pulv. cubebs, 1-10, 1-15, 1-20; ammonium muriat, 1-15, etc., are not suitable for the trachea or bronchial tubes, as they almost uniformly produce violent fits of coughing long before they reach the seat of the disease. I confine their use to the posterior and anterior nares in nasal catarrh, blowing them through glass tubes of various angles. This method is preferable to the utilization of the powder blower and air receiver, because the breath can more surely regulate or modify the propulsion of the powder.

## THE ETIOLOGY AND PREVENTION OF FEMALE DISEASES.

BY F. P. WARNER, M. D., CANANDAIGUA, N. Y.

**A**NOTHER great source of female weakness, and a very frequent one, is the neglect of injuries due to parturition.

The time is come when it is the duty of the obstetrician, before relinquishing the care of the recently delivered, to inform himself thoroughly as to the existence of lacerations of the cervix and perineum.

It is wrong to ignore these accidents, and ought to be counted a flagrant obstetrical injustice to our patients to let them go with unrepaired lacerations to fret and torture them for years. Were we more careful in this respect, pelvic disorders would become wonderfully diminished. The laceration of cervix is usually beyond the control of the physician unless it is due to rigidity; but that of the perineum can nearly always be prevented by the physician who will follow the instructions of our medical authors in this respect. If it does occur, especially of the perineum, repair it at once as you would a lacerated flesh wound in any other part of the body, and not let it go for future operations, or trust to nature to do what she does not. What does neglect here do? What becomes of the building if we knock out the foundation from under it? Destruction of the perineum brings on cystocele, rectocele, enterocele, as well as prolapse of the uterus and vagina.

Many contend that a rupture here is a small matter, and will heal of itself if left to nature. Often this is true. But here is a laceration over which must pass for several days a putrid, lochial discharge. Would an ulcer or laceration on any other portion of the body heal if washed continually with such a putrid material? Not so. How so here? Those who contend that such lacerations should be left to themselves either misjudge the functions of the perineal body or are ignorant of its anatomical structure. Let one study the function of this body, and he will soon be convinced that nature designed it to be intact for the proper functions of health. Those who contend that these lacerations are unimportant probably never see the ruptured perineums afterwards. It is a very large majority of female diseases that come from these lacerations.

The writer was called but a few days ago to the following case: Mrs. H., aged 50; uterus prolapsed to third degree; cervix badly ulcerated; perineum ruptured to anus. Can any one doubt

that this woman could have been spared this suffering if the proper supports underneath had performed their physiological functions? These ruptures furnish a fruitful source for the absorption of septic material, from which many women suffer all their lives.

Physicians not having a perfect comprehension of the anatomy and functions of the perineum have an idea that its rupture, so long as it is not through the anal sphincter, is of no serious harm. They see no evil consequences because they do not have the opportunity of seeing the rupture afterwards. Nine-tenths of the causes of chronic cervical metritis in the married is owing to rupture or injury to the cervix in parturition.

A noted author says: "If cases of these lacerations were followed up from the lying-in room to the end of life, and all the evils and accidents which remotely follow were enumerated, we would have septicemia, anterior and posterior displacements, prolapsus, cystocele, rectocele, chronic cystitis, chronic rectitis, uterine engorgements, subinvolution, weakening of uterine ligaments, tendency to abortion and neuralgia." Truly a long list, but one which should make us careful in a place where an ounce of prevention is worth a pound of cure.

Another cause of these diseases is allowing our patients to rise too soon after labor. It does not follow that if one now and then can get about in a week or so without any evil consequences, that all can do it. If this practice were general, more would suffer from it than those who would receive no harm.

Often do we hear our patients say, "I guess I got up too soon after my last child was born." Let us bear in mind that there is more danger after an abortion than after a physiological childbirth. There is an increased stimulation of the fiber cells of the uterus as soon as the ovum becomes fixed upon the inner surface. After the embryo is expelled these cells undergo a fatty degeneration, which passes off by absorption. This is termed involution. This degeneration is more rapid after an abortion. It is estimated that five or six weeks is necessary for its accomplishment after parturition. In order that this may proceed in the most rapid manner possible perfect rest is essential. That woman who exerts herself too soon risks an interference with it. Besides, the organ being in an enlarged state, is more apt to sink of its own weight if the woman stands upright. Subinvolution is also interfered with, and hence a protracted recovery.

Lastly we may mention the pernicious habit of bringing on a miscarriage or abortion as a com-

mon cause of these diseases. Those who resort to these means usually know nothing of making repair after the injury. The delicate network of the human system and the God-given power of conception is too sensitive to be interfered with by such harsh and rude means as is usually resorted to. This very act is often the cause of many a hidden neuralgia and nervous weakness. The induction of abortion will almost always repay its victim by long years of suffering. The profession should lift its voice against such dangerous measures. Not long ago the writer heard a young physician boasting of his success in such measures—not taking the responsibility upon himself—but *he* being only an adviser and his patients suffering the consequences. Such boasting is not fit for the high and exalted position of a physician. Where one woman can interfere with this delicate working of the human system and suffer no evil consequences, many others will bring upon themselves conditions of difficult repair.

Instruct your patients as to the danger of such measures, and impress them firmly with the moral and religious evils of such abortions and with the duty of bringing into the world as healthy offspring as possible, and you will receive their grateful thanks in after years and prevent many a physical wreck.

It seems, then, in order to prevent these diseases or to remove these exciting causes, society will have to be largely re-adjusted. Outdoor exercise and the observance of proper hours for rest seem to be essential to the preservation of health.

Nature will amply reward the body for the proper care of it. For the abuse of it she will surely punish its victim. The young ladies of American society attend the opera where they are subject to the atmosphere of large audiences for three or four hours of the evening—then, instead of going home and to rest, first go to the restaurant and indulge in wine and delicacies till their stomachs are disordered, their brains and nerves excited, and consequently no sleep till the dawning of the day.

Such a system is well calculated for the destruction of the muscular and for an exhalation of the nervous system. The offspring of such come into the world with their bodies weakened from hereditary influences. The strong and muscular women of the hardier races are only illustrations of what American women ought to be. Their children, like themselves, are well and strong.

As to preventative measures, their mothers ought to instruct their children as to the dangers of constipation, tight lacing, improper dress, and exposure during the monthly period, and we as

physicians should be more careful of our patients after parturition, preventing laceration as far as possible, restoring all injuries due to the same cause, and instruct our boards of education of the possible dangers of compelling our girls to ascend to the fourth and fifth stories of high school buildings for many weeks of the year.

## CLINIQUE.

### A METHOD OF CONTROLLING HEMORRHAGE IN AMPUTATION OF THE CERVIX UTERI.

BY H. I. OSTROM, M. D., NEW YORK.

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AMPUTATION of the cervix uteri is not, nowadays, performed very often. The results that were predicted for the operation have not been fully realized, and some of the conditions for which it was proposed are found to yield more permanently to other methods of treatment. But we occasionally find degrees of hypertrophy, and some neoplasms involving the neck of uterus, that are best treated by amputation. When the organ can be easily dislocated, showing an absence of pelvic adhesions, the presence of which strongly counter-indicate the operation, amputation of the neck of the uterus involves no special difficulties, and, when performed with the knife or scissors, constitutes an effective method of curing an unnatural elongation of the parts, or at least of arresting the growth of epithelioma.

It is, however, convenient to make some provision against hemorrhage, which, especially when the question is one of removing a neoplasm, sometimes embarrasses the operator, and renders the excision of the removable structures difficult. And if to amputation is added curetting the stump and that portion of the neoplasm which lies above the line of justifiable excision, the advantages of rendering the operation bloodless become still more apparent.

Against the older methods of controlling the circulation of the lower segment of the uterus, the cervical tourniquet of Emmet, which is rarely used now, even in trachelorrhaphy, for which the instrument was designed, and the stout ligature thrown around the cervix, there is the common objection that both are liable to slip down, even though they were tightened at the beginning of the operation. There is also the further objection, especially applicable to the ligature, that, hanging loosely in the vagina, it is in the range of the



cutting instrument; and it must hang loosely, for fear of its displacement. The following very simple manœuvre I have found to serve the dual purpose of controlling hemorrhage, and affording an excellent means of making traction upon the uterus. To that remarkable man, Mr. Lawson Tait, we owe much, and not the smallest item in our debt of gratitude, is the Staffordshire Knot, which he first used to secure the ovarian pedicle; a modification of this knot is the manœuvre to which I refer.

After bringing the uterus down to the vulva by the usual means, a strong, curved-handled needle, having its eye in the point, is threaded with the largest size of silver wire, and carried through the uterine cervix, from before backwards, on a line that passes above the visible boundary of the neoplastic infiltration. The loop of wire is then drawn out, and the needle removed in a direction opposite to that from which it entered the uterus. At this stage the knot ceases to be that which Mr. Tait has popularized, for, instead of throwing the loop around the cervix in such a manner as to bring one of the free ends above and one below, it is carried above both ends of the wire. The reasons for this change are twofold, and belong entirely to the objects to be attained, which differ from those sought in ovariectomy. *First*, the ligature is not to remain *in-situ* permanently, and hence need not be tied, the downward traction which is intended to hold the uterus being sufficient to make the necessary constriction. *Second*, as the traction is from below, the loop is better maintained in position, if above the free ends upon which traction is made. It will thus be seen that the uterine cervix is encircled by a ligature which is insured against slipping by having passed through the diameter of this organ. It will also be seen that the method of introducing the ligature, and the shape of the needle used, are designed to carry the wire beyond the possibility of contact with the scissors or the curette, and hence avoid the embarrassing complication of cutting the ligature before the operation is finished.

When the vaginal mucous membrane cannot be sutured over the stump, and the wound must be allowed to heal by granulation, it is sometimes convenient to apply a more or less permanent antiseptic dressing. I have found one thread of this wire ligature to answer well the purpose of maintaining securely the dressing in contact with the granulating surfaces. By this method the uncomfortable packing of the vagina is avoided, and the renewal of the dressing becomes an easy matter.

## AN ANOMALOUS EXPERIENCE DURING THE ENUCLEATION OF AN EYE BALL.

BY GEO. CLINTON JEFFERY, M. D.,  
BROOKLYN, N. Y.

ON THE 30th day of last January I was consulted by Mr. D—, aged forty years, who was suffering with an irritable right eye. Upon examination, I found the pupil contracted, with a very few blood vessels running over the sclera, to and from the periphery of the iris. By the ophthalmoscope, however, I found the pupil irregular and uneven, instead of being circular, as it should have been had nothing but a simple conjunctivitis been in progress. My diagnosis was, necessarily, iritis, although, from the out-start, the case had proven itself to be one of those exceptional ones in which no pain or photophobia existed. I at once began the instillation of atropine, grs. iv., aq. aqua destil.  $\frac{5}{8}$  i, one drop every hour for the remainder of the day. The next morning I found the pupil somewhat enlarged, but along the whole of its nasal side the capsule of the lens had become adherent, besides the two points in a line with the perpendicular diameter of the pupil had become attached, making the pupil appear as though it was composed of two circles instead of one. As dilatation progressed, the anterior chamber became the receptacle of a considerable deposit of lymph, which caused more or less cloudiness of the aqueous humor, and the vision of the eye became naturally very much impaired. While this condition in any event would be one of serious concern, it was very much more so to this patient, for the very obvious reason that the left eye had been lost twenty-seven years previously, during the careless handling of a pistol; and when the question of the possibility of a sympathetic inflammation being in progress in the right eye forcibly suggested itself to me, it made at once the prognosis of the iritis a very grave and gloomy matter. Upon the patient removing the artificial eye and exposing the injured stump, I found a circular mass one-half the size of the natural eye, with the whole anterior of the original orb drawn together in a cicatricial line. Upon slight pressure it seemed to be somewhat painful, but not otherwise, and during the whole of the twenty-seven years since the occurrence of the accident which had obliterated the sight it had been as free from hyperæsthesia as any normal member of the body. The fact of it now being so sensitive, taken together with the uncertainty of the cause of the existing iritis in the opposite eye, led me to announce to the family

the case to be one of sympathetic iritis, and, to save the sight of the remaining eye, that an enucleation of the stump would be at once necessary. Very naturally my patient demurred at my proposition, and it ended in my calling to my assistance Dr. David Webster, of New York, with whom I consulted. Dr. Webster not only concurred in my judgment, but insisted that the enucleation take place without any delay, and offered it as the only hope of saving the remaining eye. The patient, after this concurrence of judgment, promptly submitted, and the following afternoon was set for the time of the operation. Assisted by Drs. W. H. Pierson and W. J. Hanford, I began the operation in the customary way, by first dissecting the remaining conjunctiva from the globe, picking up the various muscles and dividing them, and finally severing the optic nerve and blood vessels at their entrance at the posterior part of the eye. Up to this period everything pointed to a rapid termination of the operation, each step having progressed in a perfectly satisfactory manner. Imagine my surprise and wonderment, however, when just as I divided the optic nerve, that instead of having the pushing forward of the eyeball, with hemorrhage occurring, the speculum became closed by a spasmodic contraction of the lids, which became swollen to many times their natural size, and blue from the large quantity of blood which invaded the tissues from behind. My speculum was closed together from pressure above and below, and the eyeball was wedged between it in front, and the overdistended tissues above and behind. I could not move the speculum nor open it, thereby making the removal of the eyeball impossible, and you may well imagine my embarrassment complete. Finally I took a strong pair of polypus forceps, and, crowding them between the closed blades of the speculum, grasped the ball, and by compression and traction succeeded with difficulty in removing it. The speculum was now removed, but the worst and most persistent complication was to follow. The space made vacant by the removal of the speculum and eye ball, was at once filled by the rapidly engorged tissues, and the capsule of Tenon and the other membranes which had encircled the old stump, were pushed forward between the lids. Every effort to push them back was futile, and I was forced to the unpleasant recognition that they would not, by means of persuasion or force, return to the orbital cavity. If they could have been returned, a stitch closing the lids would have retained them, and the pressure of a bandage would have rapidly solved the difficulty as

soon as the blood from the infiltrated tissues had been absorbed, but I was doomed to a continuation of the trouble.

In a few days the protruding mass began to slough, and has continued to do so up to the present time, although the lids now completely close over it. I have dressed it daily by using freely a solution of bichloride of mercury, 1-25,000, absorbent cotton and the roller bandage, and the sloughing under this treatment has materially decreased. While the experience of this case has been most embarrassing to me, it has, I believe, in the end worked to the advantage of the patient. Instead of a large empty socket remaining, which would have occurred had my experience been a normal one, the patient will now have a stump formed of the old membranes, which will probably give the artificial eye an opportunity for as good motion as it originally enjoyed, when riding upon the cicatrized eye ball, instead of being placed into the socket without the power of motion. The other eye began to improve immediately after the enucleation of the old stump, and I was further successful, by the persistent use of atropine, in breaking up the numerous adhesions which had existed in the early stage of the inflammation. In testing the vision a few days ago I found it  $\frac{20}{20}$ , which denoted very nearly a normal degree of sight, and this will probably yet improve. In conclusion my explanation of the anomalous condition of this case, lies in the arteria centralis Retina having, on being divided, retracted itself into the cellular tissue and there satisfying its bleeding, rather than into the space in front made vacant by the enucleated eye ball. External hemorrhage has no doubt been the experience of other operators, and had always been my own in observation, and by practice in other cases.

**Caries of the Sternum.**—The *California Homeopath* contains in its last issue an exceedingly interesting article on caries of the sternum, by Dr. E. H. Dixon, of Sacramento. The usual surgical and local treatment was pursued, while for many months the sufferings were so intense as to require the use of morphine. After exhausting the usual applications to the diseased surface, and the disease steadily pursuing its course, the oil of cade was poured freely into the cavities, which were then packed with absorbent cotton. The oil was also applied over the swollen tissues adjacent to the ulceration. The effect was very marked. The odor of the discharge speedily vanished, the irritable redness subsided, and the great cavities speedily filled with well organized tissues. The patient progressed rapidly to entire recovery. Dr. Dixon says of the oil of cade that it is very soothing and rapidly promotes granulation, and he believes it to occupy a field of usefulness not covered by calendula, carbolic acid, iodoform, or any other substance.

# IS THE DANGER FROM POST-PARTUM HEMORRHAGE INCREASED BY THE USE OF ANÆSTHETICS DURING PARTURITION?\*

BY FORDYCE BARKER, M. D., LL.D., OF N. Y.

THE AFFIRMATIVE answer to the question which forms the title of this paper was one of the most effective arguments urged against the use of anæsthetics in midwifery nearly forty years ago by men of such obstetrical eminence as Tyler Smith, Robert Barnes, and many others. It carried great weight, as it seemed obvious that an agent which paralyzed sensation, and, if carried to its full effect, equally paralyzed voluntary motion, must inevitably arrest that muscular contractility which is the essential condition for preventing post-partum hemorrhage.

The influence of this impression is seen in the fact that nearly all works on obstetrics, even by the most recent authors, and many writers in medical journals refer to the danger of anæsthetics in causing post-partum hemorrhage. Barnes, for example, speaks of anæsthesia induced by chloroform or ether, as among the most efficient causes of post-partum hemorrhage.

These warnings work for good in so far as they lead obstetricians to take those precautions which I believe to be a duty in every labor, to prevent this appalling accident, for it is my firm belief that no woman under the care of a watchful, prudent and competent obstetrician ever ought to die from post-partum hemorrhage, due solely to uterine inertia or ataxy.

This paper will only refer to hemorrhage from this cause, as no one will assume that anæsthetics can produce those local lesions which we all know sometimes cause terrific and even fatal hemorrhage.

No one can doubt that either chloroform or ether may be given to the extent so far beyond anæsthesia as to induce profound narcosis, or that, if the uterus be suddenly evacuated while in this condition, there would be a temporary paralysis of the organ with a loss of power to contract and close the open mouths of the uteroplacental vessels.

The real question is whether anæsthetics, properly administered should be withheld from a woman in labor, when desirable to save her from unnecessary suffering, on account of the danger of their causing post-partum hemorrhage.

I may here say that I have long regarded chlo-

roform as the best and safest anæsthetic in obstetrics, and that since 1850 I have used no other.

My reasons for this preference are briefly these:

1st. Its odor is to most persons much more agreeable, and it is much less persistent. When sulphuric ether is used, it frequently at first produces more or less irritation of the fauces and bronchi and an annoying cough or choking is excited. The effect of this is bad, both on the patient and on the surrounding friends. It excites apprehension which more or less tends to counteract the influence of the agent.

2d. The influence of chloroform is much more rapid and a much less quantity of this agent is required than of the ether. We are thus saved, in a great majority of cases, the preliminary stage of excitement which the ether produces, and we are able to use the chloroform for each recurring pain, the patient in the interval being comparatively free from the influence of the anæsthetic. Thus, in the aggregate, not only is a much less quantity of the agent required, but the patient is exposed to the danger from the anæsthetic, if any danger there be, for a much shorter period of time.

3d. By chloroform we are able to regulate the degree to which we may desire to carry anæsthesia with a certainty and security that are not possible with the ether.

4th. The danger from the anæsthesia by ether, where disease of the kidney exists, first pointed out by my friend, Dr. Thomas Addis Emmet, and now confirmed by several observers, has not been noted by any one as resulting from the use of chloroform.

We all know that the great security against post-partum hemorrhage lies in the efficient and permanent contraction of the uterus after delivery.

While we are constantly meeting in obstetrical literature with the statement that the danger of post-partum hemorrhage is increased by the use of anæsthetics, I have never been able to find any statistical evidence in proof of the assertion. What is termed uterine inertia is often but another name for uterine exhaustion, and this must certainly be much less likely to occur when the nerve force and vital powers have been saved by the use of an anæsthetic.

This uterine exhaustion may be and often is the result of a prolonged labor, and while I am convinced that the effect of chloroform is often to prolong labor, I have not been satisfied that this apparent objection was not more than counterbalanced by the advantages obtained by its use, even where the use of the forceps has been made necessary from this cause.

\*An abstract of a paper read before the Medical Society of the State of New York, Albany, February 1, 1887.



But in a large majority of patients my experience would lead me to the conviction that the use of chloroform shortens the labor. I am certain that it does in all cases where the pains are diminished or suspended by extreme sensitiveness and fear of pain, by vivid moral impressions or hysteria, or by pains resulting from the coincidence of some malady, either existing antecedent to, or appearing during labor, such as rheumatism of the uterus, or other muscular tissues, or sharp pains in the back or abdomen distinct from the pains from uterine contractions, gripings in the intestines, or the cramps which are occasionally produced by the pressure of the child's head on the sacral nerves; and, finally, in all those cases where insufficient uterine action results from loss of sleep and extreme exhaustion from a prolonged first stage; and in many cases where the labor is retarded by rigidity of the os uteri or perineum. Thus, on the whole, I am obliged to state my conviction that chloroform accelerates labor in a greater proportion of cases than it retards it.

I have attended a number of patients who in previous labors have had their lives endangered by post-partum hemorrhages, and who were placed under my care for this reason. All these cases I have watched with the greatest anxiety, and have endeavored to see that they were in such a condition as would best prevent the occurrence of this accident after delivery. On questioning them or their intimate friends, or, where practicable, their former medical attendant, I have learned that their previous labors have almost invariably been followed by great prostration, and that when labor was completed they were in a state of almost extreme exhaustion. A peculiar idiosyncrasy, or a former tendency to hemorrhage, or an extreme feebleness of the patient, has been assigned as the reason why chloroform had not been given in former labors; the very reasons why I should consider this anæsthetic, properly and watchfully administered, as especially indicated. Such patients have generally remarked to me when they have come out from the influence of the anæsthetic, "How different I am from what I ever was before, after confinement." They take nourishment and stimulants, if need be, and I then feel warranted in assuring them that all danger of "flooding" has passed, but I never leave them until I am certain of the fact. When I do leave I give emphatic directions to the nurse for close watching and minute instructions as to what she shall do if there be the least threatening of hemorrhage.

Some years ago, this subject came up for discussion incidentally before the American Gynecological Society,\* in which one of my most valued friends, and certainly one of the most able writers on certain obstetrical subjects, expressed great surprise at statements of mine like those just made, for the previous winter I had been called to see a case in consultation with him on account of post-partum hemorrhage, which he regarded as due to the inhalation of chloroform. At the time, from the history then given, it was my conviction that the hemorrhage was the result of a very inefficient and partial use of the anæsthetic, as the patient, a very nervous, excitable woman, was extremely intolerant of pain, and, in consequence, she was never aided by the accessory muscles—and after several hours he was obliged to use the forceps. The hemorrhage which followed was the result of uterine exhaustion, due partly to emotional causes and partly to the fatigue of a prolonged labor. Three years after, by reason of the death of my friend, I attended this same patient in her second confinement. She was so sensitive to pain which bore no relation to the force of the uterine contractions, that early in the labor I gave her ten drops of Magendie's solution with the effect of quieting her, but regular labor pains did not follow.

She was extremely apprehensive of danger from the inhalation of chloroform. After watching her ineffective labor for some hours, I persuaded her to make only one full inspiration of chloroform to relieve the next pain. She was ready to make two inspirations with the next, and three with the next, and soon came under its full influence during the pains, but was perfectly conscious for a moment or two during the intervals, until with the return of a pain she would very impatiently call for the chloroform. After this the labor went on regularly and rapidly, so that the child was born within one hour after she commenced the inhalation of the chloroform, and the delivery was followed by perfect uterine contractions and no hemorrhage. Her convalescence was in every respect most satisfactory.

In the discussion alluded to, my friend expressed the opinion that danger of hemorrhage did not follow the use of sulphuric ether. I have never seen hemorrhage follow the use of either agent (I have never used ether in obstetric practice since 1850), but I should reason *à priori* that an agent which paralyzed the nerves of the uterus and thus prevented its permanent contraction, would be dangerous in exact ratio with the con-

\* Transactions, vol. vii. p. 78.

tinuousness of the effect, and that an agent, the extent of the anæsthesia from which is perfectly under the control of the administrator, the effect of which is intermittent and which is only used during the time of pain, would be safer.

The danger of post-partum hemorrhage in patients with cardiac disease is known to all. It seems to be almost accepted as an axiom with both the profession and public, that the inhalation of chloroform is dangerous for any woman with "disease of the heart."

For more than thirty years I have been convinced that this opinion is quite erroneous, and I have so taught in my lectures and in former writings.

In March, 1853, I was called to see the wife of a physician in this city in her fifth labor. I had seen her once before, the latter part of the previous December, with the late Professor Chandler R. Gilman, to decide as to the propriety of the induction of premature labor, as she was suffering from severe cardiac troubles.

She had been repeatedly examined by Dr. Alonzo Clark, whose diagnosis was great dilatation of the left ventricle and mitral insufficiency. We were then in full accord that the induction of premature labor would be unsafe. When labor came on I was sent for, as Dr. Gilman was ill. When I saw her she had been in the second stage of labor, as her husband said, about one hour. The first stage had been nearly four hours, unattended by any symptoms to cause grave anxiety, but when the expulsive pains began, her condition became rapidly bad. Each pain, which recurred every six minutes, caused faintness, nausea, and slight vomiting, but the pains were much more severe in the chest than in the uterus. Her appearance was appalling, the countenance was extremely pallid, the lips and fingers were cyanosed, the face was covered with large drops of perspiration, and the pulse very weak and irregular. The os was nearly dilated, very soft and yielding, the membranes protruding, but the pains very ineffective. After watching her for a few moments, I regarded her condition as perfectly hopeless, and proposed chloroform, solely in my own mind, with the hope of euthanasia. Her husband would not consent to this, making the objection that she could not bear an anæsthetic, as she had once inhaled ether to have a couple of teeth extracted, with very dangerous results. I then gave her five drops of Magendie's solution of morphia, which was followed for a time by some improvement. But soon after her condition became as bad as before, until I could not bear to witness her suffering any longer and avowed my intention

of leaving, as I could be of no service. Her husband begged me to stay, adding, "Do what you think best, and God help you."

The few moments that we had to wait before the chloroform could be obtained, seemed to me so many hours, which I passed in trying to get her to swallow some brandy and water, to which she had a great aversion, and in explaining to her exactly *how* I wished her to inhale the chloroform. I began by giving a few whiffs first, as an impending pain was apparent, gradually increasing the amount until she became unconscious during the pains. She was always conscious some time during the interval between each pain.

After a short time, a wonderful change was apparent, her pulse became regular and stronger, while her husband, who frequently counted it, said that it never exceeded 96 a minute; while, before my arrival, it had been 140 in the intervals, but could not be counted during the pains. Her countenance improved in color, and assumed a most placid, contented expression.

During the pains there was no voluntary assistance on the part of the patient, and but slight aid from the accessory muscles. After she had been taking the chloroform an hour the membranes ruptured, and finding the head low down in the pelvic cavity, the position favorable, and the soft parts yielding, I said to the husband, "What is the use of letting her suffer more fatigue? The forceps can be applied with great ease, and may shorten the labor two or three hours." It was applied, without changing her position in the bed, and in a few minutes she was delivered of a living girl, weighing six pounds and a half. She made a very good convalescence.

In January, 1856, I again attended this lady in confinement. For the three months previous, I had seen her often and had endeavored to lessen the labor of the heart by improving the character of the blood which it circulates by such medicines as the tincture of the chloride of iron, the chlorate of potassium, and digitalis. The labor was short and comparatively easy under chloroform and delivery by the forceps. She outlived her husband three years, but died in July, 1860, from Bright's disease and her cardiac troubles.

Since this case I have seen several others in which labor was dangerously complicated with heart troubles, and which terminated favorably, as I think, solely from the use of chloroform.\*

\* I find the following sentences in the most recent work on obstetrics, a most interesting and valuable text-book by Dr. Parvin.

"Vergeley, quoted by Dutertre, states that cardiac diseases do not forbid the use of an anæsthetic in labor, and chloroform acts as a sedative in these affections, and may be given prudently. Barr be-

So far as I know, these views which I have long taught, have been advocated by no author until the publication of the valuable work by Dr. Angus MacDonald, of Edinburgh, in 1878. His explanation of how the uterine contractions of the second stage, where heart trouble exists, cause the dangerous symptoms of violent palpitation, dyspnoea, syncope, &c., is most satisfactory to my mind.

During the past thirty-seven years I have rarely attended a woman in confinement without the use of chloroform—never where she has suffered considerable pain. Having thus used it, in several thousand cases, I unhesitatingly assert, that not in a single case have I ever found reason to regret its use.

**Pharyngeal Catarrh and Pepsin.**—Dr. J. Fisher, of Berlin, says there is one symptom that seems always to yield readily to Jensen's pepsin, viz., the peculiar dryness, of which patients suffering from chronic pharyngeal catarrh are so apt to complain. The remedy ought to be taken in its pure state, only a moderate dose of aromatic powder being added to keep it dry, and it should be allowed slowly to dissolve in the mouth.

There is a complaint intimately connected with the catarrh in question, viz., circular ulceration of the posterior nares. Patients suffering from this trouble usually have to hawk a great deal every morning, sometimes also in daytime, to their own disgust and that of others, until finally they expectorate a round piece of hard muco-pus, with the scab from the ulcer. The hawking is often so great that it leads to vomiting, and the symptom itself is a very annoying one. In a similar accidental manner as Dr. F., Dr. Hugo Engel discovered that Jensen's pepsin, if regularly used in divided doses (10 to 15 grains 3 or 4 times daily), especially if combined with muriate of ammonia (20 grains 3 or 4 times per diem), and with powdered extract of liquorice (same dose as the muriate), to improve the taste, is almost a specific in the complaint spoken of. The tablets of Jensen's pepsin are well adapted for the purpose indicated, and may be taken separately from the sal ammoniac. In that case the aromatic powder may be omitted.—*Med. and Sur. Rep.*

**Tetanus.**—Dr. De Renzi (*Revista Clinica*) treats traumatic tetanus by perfect rest, by which means he has been enabled to restore four-fifths of his patients to health. The treatment sometimes requires two months, the patient being fed with liquid food through a curved tube. During this time absolute silence must prevail; carpets must be laid down, the hinges of the doors oiled, the patient's ears stuffed with cotton wool, and he himself told not to make the slightest noise; in fact, no sound must be allowed to reach the patient.

**Substitution by Druggists.**—There is scarcely a physician in our cities and towns who has not, at some time, had good reason to complain of this evil.

leaves that obstetric anæsthesia has a beneficial sedative action upon the heart." (*Science and Art of Obstetrics*, by Theophilus Parvin, M. D., LL.D., page 232. Phila., 1886).

Of late, the rascally practice has taken a wider range, in a direction made possible by the legitimate advances of the art of pharmacy. We refer to substitution as applied to those products of chemical and pharmaceutical skill aided by abundant capital, known as "proprietary preparations"—preparations the nature and ingredients of which are made known to the medical profession, for whose use alone they are manufactured, and, which are by no means to be classified or confounded with "patent medicines." Many of these proprietary medicines are of great value commercially, and as a result they are composed of the purest drugs, compounded with great skill. A certain proportion of the medical profession (and some of them men of wide and honorable reputations) have found these preparations good and useful; and their exhibition attended by most satisfactory results; and hence have prescribed them largely, not the least potent reason for this fact being the feeling of security against substitution induced by the careful and often costly methods of package adopted by the manufacturing chemists.

The honest members of an honorable profession—and fortunately they are largely in the majority—the reputable pharmacists, owe it to themselves to expose these vultures and drive them from the trade. In doing so they should have the aid and countenance of every physician. In the meantime, let every physician not content himself with shunning the shops of those whom he detects in the nefarious habit of substitution, but boldly denounce them, and warn his patients against carrying prescriptions to them.—*St. Louis Medical and Surgical Journal*, March, 1887.

**Professor Huxley on Smoking.**—At a certain debate on smoking among the members of the British Association, Professor Huxley told the story of his struggles with "the flagrant weed." "For forty years of my life," said he, "tobacco has been a deadly poison to me. [Loud cheers from the anti-tobaccoists.] In my youth, as a medical student, I tried to smoke. In vain! At every fresh attempt my insidious foe stretched me prostrate on the floor. [Repeated cheers.] I entered the navy. Again I tried to smoke, and again met with defeat. I hated tobacco. I could have almost lent my support to any institution that had for its object the putting of tobacco smokers to death. [Vociferous cheering.] A few years ago I was in Brittany with some friends; we went to an inn; they began to smoke and looked very happy, and outside it was very wet and dismal. I thought I would try a cigar. [Murmurs.] I did so. [Great expectations.] I smoked that cigar—it was delicious! [Groans.] From that moment I was a changed man, and now I feel that smoking in moderation is a comfortable and laudible practice, and is productive of good. [Dismay and confusion of the anti-tobaccoists. Roars of laughter from the smokers.] There is no more harm in a pipe than there is in a cup of tea. You may poison yourself by drinking too much green tea, and kill yourself by eating too many beefsteaks. For my own part I consider that tobacco in moderation is a sweetener and equalizer of the temper. [Total rout of the anti-tobaccoists, and complete triumph of the smokers.]

**For Pain in the Bladder** (Prof. A. F. Pattee, in *Medical World*).—After washing out the bladder with a solution of ten grains of borate of soda and five grains of boracic acid to the ounce of boiled water, use the following: *R.* Cocaine hydrochlor. grs. IV.; acid, boracici, grs. XV.; aque, 3 IV. *M.* Inject two ounces and let it remain.



# The New York Medical Times.

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## COST OF FOOD.

ABOUT a year ago Mr. Atkinson gathered and published some very interesting facts in reference to the cost of food in the United States for mechanics and servants. The average was about twenty-four cents a day per head. This would amount to about \$86 a year. No doubt much of this was wasted through bad cooking and food not properly selected, for it has been demonstrated that a perfectly healthy and nourishing diet can be obtained at a much less cost. A prominent clergyman in England has formed a public restaurant company in which an excellent dinner is furnished for twelve cents. This consists of two substantial slices of baked beef or mutton accompanied by boiled potatoes, carrots and bread. This is followed by a second course of a thick slice of raisin pudding with sauce, all served in a cleanly and appetizing manner. A good meal is also furnished to the very poor at the cost of two cents, and a very substantial one for four cents. In Birmingham there is a penny dinner association in which 33,860 dinners were provided in 1884 at a cost of 30,840 pence, including all the expenses, being only about one cent each meal for the actual cost of food. Two courses are given—stew or bread and milk, or bacon sandwiches and bread and jam. If meals can be furnished in England, where meat and many other articles of food are more costly than in the United States, at this low rate the cost of living here can cer-

tainly be materially reduced from that stated by Mr. Atkinson.

It is true these experiments have been conducted on strictly scientific principles, in which both the nutritive quality of food and its preparation have been carefully studied, the cost, of course, being materially reduced by the extensive scale on which the work has been carried on, and a careful understanding of all the details. There is no doubt, however, with proper instruction the very poor could have nutritious food in sufficient variety and abundance to fully meet the demands of the system at a very much less cost than what is generally supposed. An institution has recently been established in this city under the name of the Good Samaritan, which contemplates as an important part of its work the imparting the instruction needed to make the home more tidy, better ventilated and more free from unhealthy odors, and the food more nourishing, less expensive, and prepared and served in a more cleanly and appetizing manner. The sisters of this organization are thoroughly trained by competent instructors in its own hospital and kitchen as trained nurses, an important part of the training in the preparation and scientific understanding, not only of the nutritive and digestible quality of foods, but of their preparations in such a manner as to most tempt the appetite. If it is difficult to get even in the homes of wealth, where the most delicate and costly food can be had in abundance, suitable nutriment in certain conditions of sickness, how much more difficult in the homes of poverty, where every penny is counted. To both the trained nurse comes, and with ready knowledge and practised hand supplies to each patient the food it can most readily assimilate. To the rich she meets the exigency of the occasion, but to the poor the practical instruction will, if heeded, add vastly to their comfort, happiness and prosperity through life. The instruction imparted to the poor by these trained nurses, purifies the very fountain of evil and degradation and crime by teaching them how much better is cleanliness and thrift and order and well-filled stomachs to filth and starvation, and showing them how to secure the one and avoid the other. We heartily wish this new organiza-

tion the success it so richly merits, and bespeak for it the sympathy and support of a community whose ear is ever open to the cry of suffering and whose hand is ever ready to supply the wants of the needy. Every penny wisely directed tells for good not only in the relief of suffering, but in elevating the degraded to a higher plane in which, with increased self-respect, they will become better citizens.

#### HYPNOTISM AND SUGGESTION.

**M**M. FONTAN AND LEGARD (*Comptes Rendus*) induced hypnotism in nearly one hundred cases, both in hospital and private practice, with a view to test the value of suggestion. Hypnotism was generally effected by occlusion of the eyes, and failed in only three per cent. of the cases. The therapeutic suggestions were made during the sleep and were certain in their effects. The cases described were not those of functional disturbances of the nervous system, but were "circulatory and secretory disorders depending upon anatomical lesions." In a case of acute urethritis and prostatitis, with tenesmus and painful irradiations, the patient was told not to have a burning pain during micturition, nor in the thighs, perineum or loins, and was not to urinate every ten minutes. Improvement after this first sitting lasted two hours. The second suggestion, however, removed all pain permanently, and brought down the swelling of the prostate. A week later nothing remained but a urethral discharge, and the third suggestion was made; there is to be no further discharge; the cure is to be absolute. The next day it was so. According to the writers, dyspepsia, with vomiting and obstinate constipation can be cured instantly; articular stiffness which remains for weeks after traumatic arthritis, the impotence of the lower limbs, and the tendency to syncope following upon concussion of the brain, disappear after one sitting.

*Apropos* of these and similar cases which have lately been recorded, the *New York Medical Abstract* remarks that the influence of the mind over the body has been a theme for many writers for many centuries; but what is meant by mind

in such cases is not very clear. A paralytic who had been unable to rise from his bed for many years, suddenly sprang up and rushed out of the house with a drawn sword when he heard that a celebrated London murderer had just exterminated another family. He died the next day. Another case is that of a man similarly bedridden who lived in a country house alone with his wife. One afternoon a tramp entered, and seeing the situation of affairs, attempted to assault the woman in sight of her husband: the latter at once sprang from the bed, overcame the tramp, and then fell to the floor dead. Soldiers have been known to fight desperately after severe wounds of which they were unconscious at the time. A woman whose "mind" or "will" power could never be made sufficiently strong to face a certain danger, will do so readily to save her child. The maniac exhibits a strength that is far greater than that of men who would be considered normally stronger. In one case the centers for the limbs are absolutely concentrated upon the parts they control; in the other, that of the men who attempt to overcome the maniac, the concentration is weakened by a variety of considerations that come into play, such as fear of personal injury, fear of injuring the patient, &c. But, surely, it is unnecessary to multiply instances of this kind; they all, or almost all, appear to depend on some present over-ruling passion, desire, or feeling, and to be in no sense controlled by the "mind" or "will." Some argument of this sort, viz., that the effect is produced only when some part of the brain is powerfully concentrated upon some part of the body, might apply to "maternal impressions" where, although the majority of infants escape, many of the recorded cases are too exact in detail to be entirely ignored. Applying the above reasoning, let us suppose we say to a costive patient, "Let your bowels be moved," evidently this would not have the desired effect, for the attention of the patient, instead of being directed to his bowels would be directed to making some humorous or sarcastic remark. But if we put the patient into a hypnotic sleep and thus render his brain a perfect blank, so to speak, there is nothing to interfere, and the command, Let your bowels be

moved, throws the full force of the particular center involved directly on the parts concerned. That this method is not applicable to every case is evident enough, but what its possibilities are, who can say?

#### BOSTON UNIVERSITY SCHOOL OF MEDICINE.

SEVERAL prominent citizens of Boston have recently issued an appeal to the public for aid to the Boston School of Medicine. The institution is a part of the Boston University. Intimately connected with the college is a large and well-appointed hospital, and in the basement of the college a dispensary which furnishes each year about forty thousand prescriptions for the sick poor.

The school, they say, "needs more and larger laboratories; it needs additional scientific apparatus; it needs more surgical appliances for the patients under its care; it needs special instructors on several important subjects connected with medical science; it needs to largely increase its library, that the students may have direct access to the most recent medical publications; it needs a larger museum in which may be placed valuable anatomical, pathological and physiological studies; it needs more free scholarships, for although young women are already thus fairly well provided for, its means are limited with which to assist young men at a point in their lives when a little aid may mean the difference between success and failure. It already has a small sum, the Waterhouse Fund, the income of which is devoted to the prosecution of anatomical studies, but it needs funds for the support of many other and important chairs; it specially needs an endowment of at least *two hundred thousand dollars* to enable it to properly sustain departments essential to a complete medical education, and provide means for instruction which shall make it not second to any medical school in this country."

PARACELSUS should have had for his motto: "Nullius addictus jurare in verba magistri." Witness the following remarkable words written by him more than 350 years ago:

"Reading never made a physician. Medicine is an art, and requires practice. If it were sufficient to learn to talk Latin, Greek and Hebrew to become a good physician, it would also be sufficient for one to read Livius to become a great commander-in-chief. I began to study my art by imagining that there was not a single teacher in the world capable to teach it to me, but that I had to acquire it myself. It was the Book of Nature, written by the finger of God, which I studied—not those of the scribblers, for each scribbler writes down the rubbish that may be found in his head; and who can sift the true from the false? My accusers complain that I have not entered the temple of knowledge through the 'legitimate door.' But which one is the truly legitimate door? Galenus and Avicenna or Nature? I have entered through the door of Nature; her light, and not the lamp of an apothecary's shop, has illuminated my way."—From Dr. Franz Hartmann's "Life of Paracelsus."

#### THE CARE AND DISPOSAL OF THE DEAD.

THE *Sanitary Engineer*, while inclined to favor cremation, says that "the effects of cemeteries upon the health of those living in their vicinity has been extensively and carefully investigated by competent inquirers in recent years, and the result is that there is no evidence as to the production or spread of disease from such a source. \* \* \* The most urgent need in our large cities is for small mortuary houses located in or near the centers of the tenement house and poorer population, to which houses the body can be taken immediately after death, and be properly cared for instead of being left in the bedroom of the family.

"None but those who have themselves seen what occurs when a death takes place in a family occupying two rooms in a tenement-house can appreciate the diminution of suffering and of danger to the public health which a few well-located and properly-managed houses for the reception and care of the dead would cause in a crowded city."

Dr. Clinton Cushing, in *Pacific Med. and Surg. Jour.*, says: "there is one point on which I think the Japanese are decidedly in advance of other parts of the world, and that is, the compulsory cremation of all persons dying of infectious or contagious diseases. While cremation is resorted to by over half of all the people here, it is compulsory as above stated. I went to the place in the country some distance from the city. About



a mile and a half to witness the process of cremation.

"I found a substantial brick building with two tall chimneys leading from two rows of brick furnaces open at the front and rear.

"This is owned by a stock company, and is a private enterprise.

"The charge for cremating a body is from two to five dollars.

"The method is very simple; the body is brought to the house in a sitting posture, suspended from a pole borne upon the shoulders of men hired for the purpose. The furnace is opened in the rear, the box with the body put in, the door closed, and a fire of wood kindled, which is kept up until the box and its contents are reduced to ashes. The ashes are then given to the friends, who place them in an urn and bury them.

"Everything is done decently and in order; the friends accompanying the body to the crematory, and a Buddhist priest repeating the formula of their religion when the body is placed in the oven.

"The practice has much to commend it, and I would be pleased to see it adopted throughout the civilized world."

A society called "The Church of England Funeral Reform Association" has been organized in London for the purpose of reforming the abuses that have grown up in the mode of burying the dead in the earth. The remedy proposed is that of slow cremation, which Liebig calls "cremacausis," disintegration of the body by the natural action upon it of the earth and air, burying it in a rapidly perishable coffin, in the simple earth, in accordance with the church's order. The agitation of this question has led to the formation of a cemetery company, known as the "London Necropolis Corporation." This company has purchased two thousand acres of dry, gravelly soil at Working Common. Working is near Buckwood, Surrey, about ten miles out of London, by the South Western Railway. The coffin used in interments at Working is made of pulp, or *papier maché*, which, while to all appearance it is as solid and enduring as the ordinary coffin, speedily dissolves when put into the ground and placed in contact with the earth.

A BILL before the New York legislature contemplates a marked change in the Board of Health in this city which will materially increase

the efficiency of that body. The president will be the executive officer of the board, and will be solely responsible for all duties of an executive nature. The other two commissioners will have judicial and legislative powers, and act in conjunction with the president. As the commission is to be appointed by the mayor, the president of the old board recently appointed to fill the place of Gen. Shaler, removed, will undoubtedly be the president of the new board. Mr. James C. Bayles, the new president of the board, was for several years the editor of the *Iron Age*, and a sanitary engineer of marked and recognized ability. The Board of Health has already exerted a vast influence for good in this city, and with an almost absolute power in sanitary matters, it is hoped the new board will be so constituted as to greatly decrease the death-rate in this city.

#### DEPARTMENT OF PUBLIC CHARITIES.

DR. L. L. SEAMAN, for many years Chief of Staff of Charity Hospital, Blackwell's Island, recently read a paper before the American Association for the Advancement of Science, entitled "The Social Waste of a Great City." Dr. Seaman closes his paper as follows:

"The hindrances in the work and the conditions unfavorable and even hostile to its best administration lie in full sight of every thinking observer. A fatality lurks in the very organization of the board of management. Here is the sphere where there is a demand for the soundest philanthropist, the matured student in sociology, together with the bravest and wisest medical service. Such alone are competent to look after and administer this settlement of social waste. Financiers, we say, for banking, trust funds and the public treasury; metallurgists and chemists and engineers for mining; learning, logic and eloquence for the forum; that is, the specialist full ripe for his specialty. But how is it with this board who have so long been in place? Here and there the tonic presence of a strong personality has been felt, but who is so weak or stupid as to identify 'the board' under its present constitution with these necessary interests in the life of the community?

"And here we are forcibly confronted with a monstrous anomaly; and it is the constant peril of this whole field of municipal administration. The Board of Commissioners of Charities and

Correction, together with its entire system from greatest to least, from center to outpost, is in abject slavery to municipal politics, is a recognized hopeless appendage of the 'machine.' It does not spring frankly and wisely from the popular suffrage. It has no freedom, no will, no autonomy. On the contrary, it is honeycombed with bureaucracy and officialism. And the powers that move and manipulate every member of this great constituency are as far removed above their heads as the chess player above the piece he manipulates. This is the inherent vice of a system which relegates the administration of the underworld of social waste to the 'machine' and its politicians. For at the outset a vicious circle is established. The dram-shops are the spawning-grounds of municipal politics and politicians. Yet these same dram-shops are chiefly responsible for the existence and growth of the very 'institutions' over whose fortunes the politicians—their other progeny—have come to preside. What else could happen than has steadily happened; perpetual jostlings, abuse of discipline, tampering with the courts, muddling of justice, and an impassable chasm which separates between a time-serving officialism and the scientific and professional superintendencies—a deadlock which discourages, if it does not paralyze, the *esprit de corps* of medical administration; which withholds the incentive for legitimate emulation and reduces the men who devote and not unfrequently surrender their lives to the standing of tide-waiters under the bidding of an irresponsible board; which is itself nothing better than an accident in political evolution. The 'machine' is supreme. And the commissioners rattle their own handcuffs of partisan servitude while reducing this array of employees and subordinates to the lock-step of partisan bondage. The same process is going on in the kindred departments of municipal administration, as the Department of Public Works, the Fire Department and the Board of Education. Pickings and stealings, the building up of snug fortunes, the judicious nursing of thrifty opportunities, are insignificant elements if they really lie in the subject. The crowning injustice, the superlative cruelty, lies in the fact that this gravest trust from the people is become at once the toy and makeshift of professional politicians."

**D**URING the past year 37,330 deaths occurred in New York, 16,000 of which were children under five years of age. How much of this loss of human life occurred from diseased meat and adulterated and diseased milk, it will be difficult

to determine. There were but four milk inspectors and one meat inspector for the entire city, a number altogether insufficient. A petition has been presented to the legislature asking for an increase of inspectors, and requiring every candidate to be examined before a commission composed of one member from the Board of Health, one from the Microscopic Society, and one from the State Academy of Veterinary Surgeons. The petition contemplates the examination of all cattle brought to the city before they are slaughtered, and not only the milk but the cows from which the milk is produced, all diseased cattle, either cows or cattle for the slaughter, are to be reported to the Board of Health.

#### CHILDREN'S NURSERY.

**A**N EFFORT has been made, which it is hoped will be attended with speedy success, to establish a pavilion for children in connection with the Homeopathic Hospital, Ward's Island. Heretofore, most of the children coming under the control of the Commissioners of Charities and Correction, have been sent to the Randall's Island Nursery. The gathering of so large a number of children within the walls of a single institution, and the artificial feeding of the infants, is, of course, attended with a much larger mortality than in smaller buildings, which can be better ventilated and more care given to the preparation of food. The commissioners within the past two years have tried the plan of placing some fifty or sixty infants in the hands of nursing mothers in and near Mount Vernon, in the immediate vicinity of the city. The death-rate among these infants is only five per cent. in comparison with thirty per cent. in the nursery. The cost per capita is about \$13.50 a month in comparison with \$7.73 on the Island. While the commissioners do not feel justified in erecting a suitable pavilion at the cost of the city in connection with any of the great general charity hospitals, they have expressed a willingness to support a pavilion for children in connection with the hospital at Ward's Island, if the cost of building is defrayed by private contributions. Nearly one-half of the money necessary has already been contributed, and a slight effort

on the part of the profession among their individual friends would soon furnish the balance.

**DETERMINATION OF SEXES.**—The ability to determine the sex before birth has not as yet been fully demonstrated, notwithstanding the many interesting theories which have been advanced. A fact recently stated by the Rev. C. Wilson in "Uganda and the Egyptian Soudan," gives some support to the theory that the question of sex depends upon the physical and mental condition of the respective parents. He says the first births of women captured in war are largely females in proportion of 403 to 79 males. The men are happy in their victory, and cheered by feasts and drinking, while the women are depressed by sorrow at the defeat and death of their husbands and friends, and the loss of their liberty. In the latter pregnancies of these women, when they have become more reconciled to their condition, the proportion is changed from 100 boys to 137 girls. The women of Central Africa captured by slave hunters and carried along beside the train, if they become pregnant during their journey, usually give birth to girls.

**THE DEATH** of Henry Ward Beecher, one of the brightest minds in the theological profession, and probably the greatest pulpit orator in the world, naturally attracts the attention of the profession to the physical condition which preceded the attack which in a few days ended his life. The statement of Dr. W. S. Searle, the family physician and friend of the deceased, will be read with marked interest. He says Mr. Beecher was a remarkably sound man for his age. He came from a vigorous New England stock, and was full of vitality, capable of an immense amount of physical and mental labor. The only complaints which had ever troubled him were tonsillitis, bilious attacks and hay fever. There was a limited amount of chronic nephritis, but not enough to effect his general health, and this, so far as was known, was his only organic trouble. The location of the ruptured blood vessel was apparently in the right hemisphere, involving the motor tract. The day after the attack the effusion of blood had become so

extensive as to produce almost total loss of motion in the left arm and seriously impair the control of the left leg. The case was indirectly one of progressive apoplexy, the paralysis becoming more and more marked, until, on the following morning, Sunday, the paralysis of the left side, both as to sensation and motion, became complete. From the first, but one result was looked for, and that came in due course from the gradual failure of the vital forces. To all appearance, in these cases where all signs of consciousness cease, the patient is entirely unconscious of suffering, and yet, with our experience with anesthetics, the mind may still labor partially, as in a troubled dream, long after all external manifestations of consciousness have ceased.

**DR. WM. YOUNG** recently sued the estate of the late Mr. F. P. James for the amount of his bill for medical attendance. The widow of Mr. James, now Mrs. Gen. Butterfield, who inherited from her late husband several millions of dollars, claimed as an offset that the doctor had profited in certain stock speculations from the knowledge of Mr. James, but it was proved the doctor had paid commission, the same as to any other broker, and the jury returned a verdict for the full amount.

### BIBLIOGRAPHICAL.

**ORIFICIAL SURGERY AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES.** By E. H. Pratt, A. M., M. D., LL. D., Professor of the Principles and Practice of Surgery in the Chicago Homeopathic Medical College. Chicago, W. T. Keener, 1887.

This little hand-book comprises the substance of a series of lectures delivered in the college with which the author is connected. By the term "orificial," the author designates the lower openings of the body and the discussion is upon the diseases of those organs and their effect upon the general health. He starts out with the proposition that in all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangement of brain substance that induce insanity and the various forms of meningitis, to the great variety of morbid changes repeatedly found in the coarse structures of the body, there will be found more or less irritation of the rectum or the orifices of the sexual system, or both. In other words, that all forms of chronic diseases have one predisposing cause, and that cause is a nerve waste occasioned by orificial irritation at the lower openings of the body. The author then proceeds to establish his proposition by discussing some of the various



forms of irritation of the rectum, and the male and female sexual organs, and their effect upon the general health, illustrated by various cases from private practice. The work, which is but little more than a monograph, is remarkably suggestive, and we are glad to see that it is at no distant date to be followed by a more extended volume upon the same subject.

A TEXT BOOK OF SURGERY. BY JOHN A. WYETH, M. D.  
New York, D. Appleton & Co., 1887.

Dr. Wyeth has prepared a very excellent treatise on general, mechanical and operative surgery. He has devoted but little space to a discussion of pathological conditions or causes of disease further than is necessary to secure a correct diagnosis. The opening chapter upon surgical dressings, bandaging, anaesthetics, and a description and preparation of instruments are excellent, and all that could be desired. In operative and mechanical surgery each step is clearly and minutely described and fully illustrated with excellent engravings. The work can hardly be called a system of surgery, but is distinctly what it claims to be, "A Text Book on General, Operative, and Mechanical Surgery," carefully prepared and fully up to all the modern improvements in surgery.

A TREATISE ON DISEASES OF THE SKIN. BY T. MCCALL ANDERSON, M. D., Professor of Clinical Medicine in the University of Glasgow, assisted by Dr. James Christie, Secretary London Epidemiological Society for Indian Ocean and East Africa; Mem. Medical Soc. of Bombay, &c.; Dr. Hector C. Cameron, Surgeon and Lecturer to Western Infirmary, Glasgow; Surgeon to Glasgow Hospital for Children, &c.; William McEwen, M. B., M. D., Lecturer on Systematic and Clinical Surgery, Royal Infirmary; Surgeon to Royal Infirmary and Children's Hospital, Glasgow, &c. With Colored Plates and Numerous Wood Engravings. Octavo. 650 pages. P. Blackiston, Son & Co., Philadelphia. 1887. A treatise on Diseases of the Skin, with special reference to their diagnosis and treatment, including an analysis of 11,000 consecutive cases. Thoroughly illustrated by new and handsome wood engravings, and several colored and steel plates prepared under the direction of the author, from special drawings by Dr. John Wilson.

There has been no complete treatise on Dermatology issued for several years; Professor Anderson has, therefore, chosen an opportune time to publish his book, which seems to be most complete. He says in his preface: "Having had unusual opportunities, for upwards of a quarter of a century, for studying the diseases of the skin, I now venture to lay before my professional brethren the results of my observations."

For nearly twenty-five years Professor Anderson has been a general practitioner and a hospital physician, with unusual opportunities for the study of this class of diseases, though not a "specialist," as the term is understood. His experience is, therefore, of great value, and the physician will feel that, in consulting this work, he is reading the experiences of a man situated as himself—with the same difficulties of diagnosis and treatment, and who has surmounted them successfully. We believe this to be a

valuable feature of the book that will be recognized at once; for it is undoubtedly a fact that a work like the present contains much practical information and many hints not to be found elsewhere.

To help him the author has had the assistance of several gentlemen of special experience. Dr. James Christie, who, from a long residence abroad, is enabled to speak with authority, has written many of the articles on the diseases of foreign climes. Dr. Hector C. Cameron, Surgeon to the Western Infirmary, Glasgow, has contributed most of the purely surgical sections; and Dr. William MacEwen, Surgeon to the Royal Infirmary, Glasgow, has prepared the article on ulcers.

A COMPEND OF ELECTRICITY AND ITS MEDICAL AND SURGICAL USES. BY CHARLES F. MASON, M. D., Assistant Surgeon U. S. Army, with an Introduction, By Charles H. May, M. D., Instructor in Ophthalmology. New York Polyclinic. Philadelphia, P. Blackiston, Son & Co., 1887, pp. 108, 12 mo.

The author has endeavored to select and classify from the large amount of literature on this subject, such facts and principles as would present to the student and general practitioner a clear, short, and yet comprehensive view of this important branch of therapeutics. It will be found of great service to the class for whom it is intended.

CLINICAL MANUAL FOR THE STUDY OF MEDICAL CASES. Edited by James Finlayson, M. D., Physician and Lecturer on Clinical Medicine in the Glasgow Western Infirmary; Physician to the Glasgow Hospital for Sick Children; President of the Glasgow Pathological and Clinical Society; Honorary Librarian to the Faculty of Physicians and Surgeons, Glasgow, etc. Second Edition, Revised and Enlarged, with One Hundred and Fifty-Eight Illustrations. Philadelphia, Lea Brothers & Co., 1886, pp., 684, 8 vo.

This book is designed to afford assistance to the student in the medical clinique, and will be found of great service as a hand-book in the differentiation of disease. It will be found especially convenient for reference by the House Physicians of Hospitals when speedy diagnosis is necessary in a large number of cases. The first three chapters are devoted to the Physiognomy of Disease; Examination and Reporting of Medical Cases; and Temperature, Pulse, and General Signs of Pyrexia. Its object is to guide the student to a careful examination of the symptoms in his patient, and to supply information as to the methods and results of clinical investigation.

TAKING COLD.—(The Cause of Half Our Diseases.) Its Nature, Causes, Prevention and Cure; Its Frequency as a Cause of Other Diseases, and the Diseases of which it is the Cause, with their Diagnosis and Treatment. By John W. Hayward, M. D., M. R. C. S., L. S. A., M. D. etc., etc. Seventh Edition, revised and enlarged. London, E. Gould & Son, pp. 186, 16 mo.

THE Medical Register is a new weekly medical journal published in Philadelphia and edited by Drs. John C. Shoemaker and William C. Wile. The original articles are well written, and the editorials and summary of medical literature excellent.

## HOSPITAL REPORTS.

BY DR. H. I. OSTROM,  
42 W. 48TH ST., NEW YORK.

**Hernia of the Right Ovary** (New Castle-on-Tyne Infirmary. Dr. Oliver).—A well developed house-maid, aged sixteen years, was admitted to the Infirmary, complaining of a painful swelling in the right groin, which appeared ten days previously when lifting a heavy weight. At that time something was felt to crack, and give away. This was followed by nausea, but without vomiting. The tumor was easily reduced. In three days she returned with a reappearance of the swelling. This time there was severe vomiting. Walking had become almost impossible. The pain was aggravated by lying on the left side, and relieved by lying on the right side, though the greatest relief was obtained in the dorsal position. Handling the tumor increased the pain, and caused a feeling of nausea. With considerable difficulty the ovary was reduced. After reduction, the organ was found to be enlarged. A well adjusted truss maintained it in position.

**Cerebral Abscess with Otitis. Operation. Recovery.** (Royal Infirmary. W. S. Greenfield, M. D.).—An india-rubber maker, aged twenty-six, was admitted with a history of cold, and cough, and deafness of the left ear, from which he recovered, and returned to his work. In about one month he began to complain of headache, and was again obliged to give up his business. The headache diminished, but the man became dull and stupid. At the time of admission, the latter conditions were well marked, eyelids almost closed, and mouth open. When spoken to, he answered, but slowly. Sight dim; pupils contracted, but equal; tongue dry and cracked; marked retraction of the abdomen. With fluctuations, his condition grew gradually worse. The general dullness increased. Optic neuritis became intense in the left eye, while the right eye remained normal. From the left ear oozed a small quantity of dirty brownish red fluid. The temperature remained sub-normal. There was dullness in the base of both lungs, especially on the left side; breathing had become very feeble. It was thought that the conditions pointed to an abscess situated in the anterior part of the left temporo-sphenoidal lobe. The operation consisted in a vertical incision two inches long, in the temporal region. The temporalis muscle was divided, the periosteum laid aside, and the trephine applied one inch and one-quarter behind the external angular process, nearly one inch above the zygoma. Upon lifting the bone, the dura-mater bulged forward, but did not pulsate. A Graef's knife was pushed half an inch directly upwards, when fetid pus welled up. A pair of sinus forceps was inserted, and a drainage tube introduced. About two ounces of pus flowed from the opening. The wound was dressed antiseptically. Improvement began after the operation, and in about three weeks the man was allowed to sit up. Four weeks after the operation there was a slight discharge from the left ear, but fluid injected into the abscess cavity no longer flowed through that canal. The neuritis had entirely disappeared.

**A New Operation for Prolapsus Ani** (German Hospital. Dr. Lange).—The patient, a man, who had suffered for almost twenty years from prolapsus recti with incontinence, was re-admitted to the hospital after having under-

gone several operations for the relief of his infirmity. At this time the prolapsus was worse than it had been, the rectum protruding to the length of six inches. The patient was fixed on the table in the knee-elbow position, his legs tied to the table, and his head resting sideways on a pillow (Dr. Lange advises this position for all rectal operations; its advantages, I have several times demonstrated in my own operations.—H. I. O.). An incision extending from the lower part of the sacrum to the anus, exposed the posterior wall of the rectum, and enabled the operator to remove the coccyx. The latter step was taken for the purpose of narrowing the gut as high as possible, and also to offer less impediment to the action of the levator ani muscle. The rectum was then "narrowed in such a way that buried étage sutures of iodoform catgut were introduced which did not perforate the entire thickness of the gut, the first row being inserted near the middle line, and forming a fold in the posterior wall, which protruded against the rectum." The lateral portions of the gut were thus brought into apposition. The surfaces of the levator ani and sphincter externus, which had been dissected back to expose the rectum, and next their cut surfaces, were united by similar sutures, and several buried sutures of silk-worm gut were also inserted into this muscular crest. Finally, a few sutures were introduced into the integument, the cavity corresponding to the removed coccyx being left open, and loosely filled with iodoform gauze. The healing progressed well. The sutured parts united by first intention. The patient gained control over the bowels, and the prolapsus has not returned.

**Cavernous Angioma of the Uvula** (Manhattan Eye and Ear Hospital. W. C. Phillips, M. D.).—The patient, aged thirty-nine, married, had suffered for several months with difficulty in swallowing, and at the time of admission was living upon liquid food. He had been gradually losing flesh. There was a history of chancre two years previous. One year before he was operated upon for urethral stricture. The uvula was found greatly enlarged in every direction, its length being two inches, and terminated in a bulbous mass. The surface was covered with numerous small, dark-blue, apparently venous dilatations. The patient asserted that the growth made its appearance not longer ago than two months. Upon the supposition that the growth was syphilitic, specific treatment was adopted, but abandoned, having failed to affect the growth. The tumor was removed with the galvano-cautery. The hemorrhage was very slight, and the patient made a good recovery. Since the operation he has gained twenty pounds, and steadily improved in health.

**Intra-buccal Division of the Inferior Maxillary Nerve** (New York Hospital. Robert F. Weir, M. D.).—The patient had suffered with neuralgia of the right side of the face, affecting principally the lower teeth, and associated with flashes of pain along the course of the auriculo-temporal nerve, for about three years. Latterly the pain had been almost continuous. The internal and external medication known to the Old School of medicine proving useless, the spine of Spix was exposed by an incision extending from the upper to the lower jaw, along the inner edge of the latter, the nerve seized with strong slender forceps and drawn out. By two incisions with scissors, the piece held by the forceps was cut out. This did not seem to be composed of nerve tissue. A blunt hook was then introduced, and finally passed behind a cord which was thought to be the nerve. Upon dividing this quite a severe hemor-

rhage took place, which was controlled only by packing the wound with iodoform gauze. The hemorrhage recurred the same evening, but was again controlled by firm pressure and packing. The neuralgia has not returned. The operator remains in doubt whether he divided the inferior dental, or internal maxillary artery.

**Epilepsy After Gun-shot Wound** (St. Thomas Hospital. Mr. Croft).—The patient gave no family history of epilepsy. Fifteen years before admission to the hospital, he was wounded in the left calf, and several shot were removed. The wound healed well. Four months after this, he began to have fits. They increased in frequency, until he had twelve during the day. The sciatic nerve was thought to be in fault; and was accordingly stretched, the fits ceasing for thirteen years. At the end of that period they recommenced. They began with sharp twitching pain in the scar in the left calf, which spread to the left side of the body, involving the head. The whole left side then became convulsed. The pupils became immobile; the conjunctiva insensitive. General convulsive movements set in, after which there was a rapid return to consciousness. The sciatic nerve was again stretched. The fits ceased for nine days. Four months later the patient wrote that he had had no distinct fits, but a "fitty" feeling. This case is of interest in connection with the experiments conducted by Brown-Séquard and Victor Horsley, who showed that epilepsy was induced in guinea-pigs, by injury to the sciatic nerve.

**Trephining Over the Left Brachial Center for Paralysis of the Right Arm Due to a Blow a Week Previously.** Cure (General Infirmary, Leeds. Mr. Mayo Robson).—Six days before admission, the patient, aged thirty-eight years, received a blow from behind on the head, by a buck-horn handled stick. He remained unconscious for ten hours. Upon regaining consciousness there was some vomiting, and it was found that the use of the right hand was lost. Dizziness and confusion remained for several days, but memory was only slightly impaired. The right hand and fingers began to twitch five days after the injury. Upon admission, a lacerated wound one-third of an inch long was found on the left side of the skull, five and three-quarters of an inch from the roof of the nose, five inches from the left external angular process of the frontal bone, four and three-quarter inches from the root of the zygoma, six and one-half inches from the external occipital protuberance, one and one-quarter inches to the left of the middle line. The right forearm and hand remained paralyzed, but sensation was only slightly, if at all impaired. Cremasteric, and knee reflex were exaggerated on the right side. There was well marked oedema of the left optic disc. There was considerable pain at the seat of the wound. The patient was perfectly conscious, and answered questions correctly and rapidly. The seat of the injury was exposed by an incision, when the whole bone was found to be depressed, and the inner table splintered in every direction. The fragments were carefully removed, strict antiseptic precaution being observed, and an antiseptic dressing applied. After recovering from the anaesthesia, great pain was experienced in the head. The twitching ceased, but returned with increased violence two hours after the operation. These, however, gradually stopped. The patient made an uninterrupted recovery, the use of his hands being equally strong.

**Seven Consecutive Cases of Charbon Treated Successfully by Excision** (Grey's Hospital. Mr. Bryant).—The

cases in detail presented nothing of especial interest. All were well marked cases of charbon. The method of operating was to carry the excision into healthy tissue, entirely beyond the diseased structures, and to apply to the surfaces either pure carbolic acid or the actual cautery. Dry dressings were used. All the cases recovered.

## CORRESPONDENCE.

### ON DIETETICS.\*

Dr. Fothergill always makes his subject interesting and his books have become popular from his clear and forcible exposition of physiology and dietetics. This last work has enabled him to reiterate much that he has said before and to bring out clearly his views on the entire question of food for the sick and the well. The ability to present scientific facts in an attractive and clear form is as much a gift almost as that required in the determining of those facts. But few possess these gifts combined. Dr. Fothergill is not an original investigator, but he certainly possesses the ability to write upon his favorite subjects in an attractive and clear style. The "food for reflection" that he offers he has served up in a form both attractive and digestible.

The book has been written as well for the laity as the profession, for he has taken the pains to explain certain physiological points necessary for lay readers. He has thus greatly increased the usefulness of his book.

The salient points in his thesis are mainly these:

That the liver is the pivotal point in albuminoid metabolism and bears the brunt of the assimilation of the nitrogen-group and its retrograde metamorphosis.

That the heavy burden thrust upon the liver by the excessive use of highly nitrogenized foods is a dangerous tendency in the dietaries of the day. He points in verification to the many disorders of modern life, from gout down, as showing the dangers of this "luxus consumption."

The dangerous confidence in beef-tea as a high order of food for the sick.

The great value of hydro-carbons and carbo-hydrates, especially when predigested by the easily available digestive ferments.

The importance of sufficient variety in our dietaries for the sick, and the minute attention to details in their preparation and serving-up.

All these points, though well known for some time, have not been thoroughly realized by the profession, and cannot be too often reiterated and driven home. Even when Liebig first introduced his *Extractum Carnis* he thoroughly understood its simply stimulating properties, and its "peptogenous" value, as so well shown by Dujardin-Beau metz. The glycogenic function of the liver and its rôle in albuminoid metabolism and assimilation have also been known for some time. For much of this we must thank the elaborate researches into the pathology of gout, a disease pre-eminently of English life, and which has given English medical men such rare opportunities for study. It has been the clue to the proper understanding of many disorders arising from uric acid, and this reversion of the hepatic function to its reptilian and avian condition.

\* "A Manual of Dietetics." By J. Milnes Fothergill, M. D., Edin. New York: Wm. Wood & Company, 1887.



In his treatment of stimulants he takes a conservative course, the one, we think, most in accord with the latest research. He recognizes the food-value of alcohol under proper conditions; shows its benefits and its dangers under improper or excessive use. The question of "physiological bankruptcy" is more than a pretty theory, it has become an established fact.

Alcohol as a "force liberator" acts at the expense of the body, a borrowed force which must be made good. We earnestly commend this chapter to all physicians whose practice and advice in this matter are so potent for good or evil.

Chapter XV on "Food in Acute Diseases" is a very important one, in which the author discusses the question of feeding fevers. While favoring the nourishment of the patient up to the high-water-mark of his assimilative powers, he argues strongly against a highly albuminoid diet as adding to the nitrogenized waste already much in excess in the blood, and as a futile attempt to build up tissue which the fever is continually melting down. In the author's own words, "Histolysis and histogenesis go together in health where balance rules. When the normal processes are perturbed, upset by pyrexia, histolysis is augmented, to be followed in turn by rapid histogenesis. But, I maintain, a rapid histolysis is not accompanied but followed by a swift histogenesis, or tissue-repair. It is the difference of a pair of horses side by side and tandem."

It is for the fuel-food not the tissue-food that he argues, and he therefore recommends the hydro-carbons and carbohydrates pre-digested and served up in the most tempting way. We think his standpoint a very firm one.

And now let us notice some points on which we may take issue, where the author differs from some equally authoritative.

In Chapter XI on "Food in Infancy," p. 97, he writes: "The 'wet-nurse' is now almost a thing of the past, and her modern substitute is the 'feeding-bottle.'" This is a sweeping assertion. Who will not prefer the wet-nurse when the desirable one can be obtained? Who will not endeavor to get a good wet-nurse, if possible, before trusting to the feeding-bottle? which the great Tarnier, by the way, has a holy horror of, and which he has excluded from the *Maternité*. Though we have made great strides in infant-foods, there is still much room for improvement. To give our own experience, we have endeavored at times to carry out to the letter the minutest details of the most approved artificial feeding, and have had in the end to call Nature back to our aid. We do not deny that good artificial feeding is better than bad wet-nursing, but with all the difficulties attending the procuring of a good wet-nurse we are often rewarded by our search, more difficult, however, in the larger cities than in less populous districts. Let the child but pass Scylla and we can trust more fully to peptonized milk and digested carbo-hydrates to pilot it past Charybdis.

On page 171 the author writes: "Milk with farinaceous matters forms the food in diarrhoeal conditions." If he had said "most diarrhoeal conditions" we should assent. But he seems to treat the symptom of diarrhoea as arising from one pathological condition, when in fact, there are all sorts and conditions of diarrhoeas, requiring almost as much differentiation in diet as in drugs. He excludes the rare or raw meat diet; at any rate he does not mention it. We can recall a number of cases in our own experience, especially among infants, where this diet has proved most efficacious, and we can refer to a number of authorities,

among them no less a one than Eustace Smith, who strongly sanctions it.

On page 230, the author explains face-aches from cold in the following way: "Cold causes the cutaneous vessels to contract, and the cutaneous nerve-fibrils thus have their blood supply cut down, with the consequence of neuralgia in the starved nerve." This is certainly a very lame explanation. The author seems to overlook entirely the possibility of this sudden anaemia from cold being followed by a reaction, namely, congestion, and it is this, in fact, which starts up the pain. The doctor has allowed the theory of a starved nerve crying for blood to run away with him.

A noticeable omission in the book, to us, is the entire disregard of the recent brilliant researches of the German and French Schools into digestion and alimentation, especially as to forced alimentation or *gavage*, which has been so eloquently set forth by Dujardin-Beaumetz in his recent work published by William Wood & Co. Our author not only fails to speak of this advance in our methods of feeding certain patients, but makes no mention of the meat and farinaceous powders which can be used advantageously in many troubles. This is an omission in a work professing to give the most recent advances in Dietetics and the Physiology of Digestion.

Despite these few criticisms which we make we can most heartily recommend the book to the profession and the laity as an honest and successful effort to show the importance of Dietetics and the many means at our disposal to promote the health and hasten the recovery of our patients.

E. R. C.

#### "RETROSPECTIVE."

Your Editorial in the March number, "Retrospective," calls to my mind much of what has been already written and published as editorials in your valuable Journal.

While there may be very much of theoretical truth in this "Retrospective" and also in previous editorials written in the same vein, I am much inclined to doubt whether there is any practical truth.

I believe that the majority of professing homœopathic physicians would "drop the distinctive title" provided the "Old School" members of the profession would simply be honest in their writings.

When one sees provings of remedies that have been published in homœopathic works for years suddenly copied into allopathic journals and text books and sent forth to the profession as new discoveries, without one word of credit as to where they were copied from, one is naturally led to think that until the truth prevails on both sides, and both are strictly honest, it will be impossible to have complete union.

It may be true that "we cannot be too careful as to our estimate of remedial measures," but when an "Old School" Journal states that pneumonia is equally as fatal, and the treatment as useless, as at the beginning of the present century, an ordinary successful practitioner of homœopathy will smile at the Old School ignorance.

Think of curing one patient out of twenty with pneumonia! What homœopathic physician cannot do better than that?

If I might be allowed to suggest, Mr. Editor, the proper way, it seems to me, to bring about that harmonious union of the medical profession that you so much desire, is

to enlighten the rank and file of the Old School brigade as to what homœopathy is, what it has done and is doing for the afflicted of the earth. So far as I have ever seen just as soon as an allopathic physician carefully studies the works of our School, it is but a little while before he is one of the most staunch of homœopathists.

Without any undue spirit of laudation I believe I am right when I say that the average homœopathic physician knows far more about drug action than his Old School brother.

In a great measure, I think, the motion for a union of forces in the ranks of the profession must come from the Old School, by giving credit in their text books, their journals and society proceedings, to those of the "New School" who have done so much by their untiring industry for the practical application of drugs in disease, and the enormous saving of human life.

W. JOHN HARRIS, M. D.

St. Louis, March 17, 1887.

[WE ARE much obliged to our esteemed correspondent for his honest criticism, and we shall always be glad of respectful comment upon anything that may appear in our columns, and it shall receive fair and courteous treatment at our hands. We are quite aware that it will depend upon circumstances as to how much "practical truth" there may be in our editorial referred to. We very much doubt whether "the majority of professing homœopathic physicians would drop the distinctive title" under any circumstances, for to many it is a distinction rather to be perpetuated! We have no apology to offer for dishonesty wherever it may be found, and we will fight for truth, when we recognize it, as hard as we can.

We are perfectly well aware that what our correspondent says respecting New School treatment of pneumonia is correct, and we have never hesitated in saying so whenever occasion has offered. "To enlighten the rank and file of the Old School brigade as to what homœopathy is, what it has done and is doing," has been a part of our purpose, and we have found that this could be done by avoiding antagonisms, by offering facts and principles, rather than by presenting a term which only serves to infuriate, much as a red flag does a mad bull!

It is well known that converts are always enthusiastic, and oftentimes swing to the other extreme, and are consequently to be followed with caution by such as only want the truth!

We quite agree with our correspondent that

overtures to peace could come from the Old School, with its immense force so far as numbers go, with excellent grace, and we regret exceedingly that the majority cannot take this view. Many representative men in the Old School have asserted that the "distinctive title" was all they objected to, and surely this is not very much to grant, providing it would work in the interest of harmony. We quite agree with our correspondent that the New School has not been fairly treated by the Old School, but it is the extremists on both sides who are to blame for it.

In the *Monthly Homeopathic Review*, for December, 1886, there appears a letter from an Old School practitioner upon the subject of the new "Homeopathic League," but which to us is chiefly interesting as pointing to an undercurrent of opinion and feeling in the orthodox profession—even of conservative England—whose existence would hardly have been suspected from a perusal of the current literature on either side.

"I have watched with increasing interest" (writes this correspondent, who signs himself Gerard Smith, M. R. C. S.), "and used with increasing satisfaction the results of the quiet, patient work which during recent years has been accomplished by homœopathists, work which has seemed to me to be much more convincing to the profession, and to bear such superior evidence of genuine conviction on the part of the homœopathists, than were the earlier efforts of the exclusively homœopathic practitioners, and work, moreover, which has so impressed me, because it has been conducted in a peaceful and serious scientific spirit, contrasting very favorably with the natural bitterness of spirit evoked by the exasperating conservatism of the Old School in days gone by, and because the patient record of bedside tests, the only path to the truth, has been almost entirely relied on.

"This spirit has surely been a difficult one for the homœopaths to maintain, and the self-control and patience exhibited I have watched with admiration; for the indifference of their profession to what they believe to be a great truth, must be almost worse to bear than active and bitter persecution.

"No honest man can deny that the results of that patient work are being adopted by the profession as part of their armament against disease, and more success has been attained in the the approach of the profession to homœopathists by this

later method of work, than by the old impatient and bitter spirit which was easier to maintain.

"I therefore deeply regret that a section of the homeopaths have formed the 'league' upon the old warlike lines, and that they have apparently failed to maintain the more difficult and useful spirit of steady and accurate scientific record at the bedside. May I apply the thoughts I have seen recorded elsewhere upon scientific progress to this case of homeopathy and 'alloeopathy' or 'enantiopathy'?"

"Surely, the homeopathist striving to establish the reign of law in medicine, should be the first man to recognize that reign of law in other sciences. And in the science of thought he should recognize the fact that even the *discovery of law* is governed by law. The history of scientific thought in the past has demonstrated many phenomena in the evolution of new theories and practice, a few of which I will presume to submit to the consideration of the 'homeopathic league.'

"First, all great discoveries in science have remained for a long period unfruitful premonitions only, because they fell upon unprepared soil.

"This has been so universal and constant that it can now be called a law of the science of thought. And in view of this fact, is it not probable that a longer, perhaps a very much longer, period of preparation of the unfruitful soil of the age may be necessary before homeopathy can appear universally in the profession as the result of the seed planted by its advocates?"

"In the second place, the successive revolutions which have taken place in physical science have included and expanded, rather than superseded, those which went before."

As a fitting pendant to this quotation, this same Gerard Smith, M. R. C. S., writes to the *Brit. Med. Jour.*, January 15, 1887, concerning the striking curative action of pulsatilla in acute orchitis and epididymitis, and says he should like to persuade others to follow Dr. Brunton's advice, and give the drug in inflammatory states of the testicle, epididymis, and spermatic cord, and adds: "To have it in our power to subdue promptly the intense suffering in these cases is a great blessing." (If he could persuade others to follow Dr. Brunton's example in delving into the homeopathic materia medica, they would be rewarded by finding many other equally great blessings.)

"I believe that one chief reason which prevents

men from seriously examining homeopathy is that they believe that it claims to entirely supersede all other theories and practice, and to exclude all other treatment; and the present age is one in which men of science are less inclined than in former days to rest upon any theory as final, for we surely know now, that beyond the line of its direct observation, our science is not infallible, and our theories and systems, though often containing the nucleus of truth, undergo frequent changes, and are often revolutionized.

"Is there not, perhaps, some risks that homeopaths, in eliminating what they conceive to be error in older methods of theory and practice, may be losing sight of some foundations of truth inherent in the old methods, which may be integral parts of the newly-discovered laws?"

"And in the third place, have we not learned that science is a growth of time, and that progress in science is most sound when most natural, which is often equivalent to being most gradual?"

"With all deference to the opinion of my seniors, I would venture to hope that homeopaths may see their way to possess their souls in patience, and continue steadily upon the work of patient record of bedside tests, and that they may be able to avoid any return to the useless, bitter spirit of past days, leaving to such of their opponents as may wish to use it that less noble weapon.

"Finally, cannot we feel sure that when the soil is ready, the seed so patiently planted will produce all the truth contained in its germs: for truth shall flourish out of the earth, and the growth of truth is governed by Providence, and though man's cultivation of the field is an essential condition of that growth, the development will steadily progress, independently of individual schools of investigators."]

**Cod Liver Oil in Infantile Atrophy.**—In the *Lancet* Dr. Yeldham, in a letter to the editor, states that in "cases in which no kind of artificial food is of benefit, and the poor little creatures waste away, many of them dying from sheer inanition, cod liver oil comes in with admirable effect. Let the nurse dip the end of her little finger in the oil, and put it into the child's mouth. This may be repeated five or six times in the twenty-four hours. In such small quantities not only does it never disagree, but the child sucks it off the finger with avidity and evident pleasure. It may be administered in this way to the youngest infants. By this simple and inexpensive expedient I have seen many infants, who were absolutely starving for want of the natural food, become plump and happy in an almost incredible short space of time. The oil has the effect of enabling the child to digest other food which it could not take without it. With the aid of cod liver oil, as I have suggested, any good, pure milk will agree."



## TRANSLATIONS, GLEANINGS, ETC.

**Microscopic Possibilities.**—Perhaps the most wonderful thing that has been discovered of late is the new glass which has just been made in Sweden, differing from ordinary glass in its extraordinary refractive power. Our common glass contains only six substances, while this Swedish glass consists of fourteen, the most important elements being phosphorous and boron, which are not found in any other glass. The revolution which this new refractor is destined to make is almost inconceivable, if it is true, as is positively alleged, that, while the highest power of an old-fashioned microscopic lens reveals only the one four hundred thousandth part of an inch, this new glass will enable us to distinguish one two hundred and four million seven hundredth thousandth part of an inch. It makes one's hand ache to write these figures; and who can tell what worlds within worlds may not be discovered with such an instrument as this? Magnified after this fashion the smallest animalcule will be converted into a giant, and if the same refracting power can be applied to the telescope we shall have the moon brought to our very doors.—*Something to Read.*

**The Jaw-Jerk.**—Under this name De Watteville describes a phenomenon analogous to the knee-jerk. As the extensor muscle of the leg when suddenly stretched contract by a sharp tap on the tendon, so the masseter and other muscles of mastication contract when similarly excited by an extensible impulse. The latter is best imparted by applying a flat object, such as the handle of an ivory paper knife, on either side of the jaw, and using an ordinary percussion hammer to strike the required blow. The jaw should not be fixed by any voluntary muscular contraction, and the blow should be struck as near the teeth as possible. The jaw-jerk is exaggerated in many cases of disease, and may even pass into a regular clonus.

**Still-Births.**—With reference to the period of the year in which still-births occur with the greatest frequency, Dr. Sozinsky (*Med. and Surg. Rep.*, April 4, 1885,) has published some interesting statistics, based upon the average number of cases occurring in Philadelphia for each month during a period of ten years. According to his figures, May is the month that has the largest number of still-births in proportion to the whole number of births, while in September the still-births are fewer than in any other month, although its whole number of births is larger than that of many other months. After September, in which the infant has the best chance of not being still-born, August comes next and July next in regard to exemption from this accident. From these figures it appears to the author that the fœtus passing most warm months towards the close of uterine life in its mother's womb, stands the best chance of getting out safely. He also thinks that the increasing laxity of fibre produced in the pregnant woman by the heat of summer may prove an aid; also that there may be a difference in the size of the child.

**A Study of the Senile Testicle.**—In an inaugural thesis thus entitled, M. G. H. Arthand (*Annales Des Maladies Des Organes Genito-Urinaires*, May, 1886,) presents the following conclusions:

1. At the age of about fifty years the human testicle is subject to a gradual regression which induces atrophy.

2. This atrophy is characterized by a marked pericanalicular sclerosis, and by the disappearance of the epithelial element.

3. As a result of the sclerosis there appear atrophy of the seminiferous tubules, varicose dilatation of the ducts of the epididyma, and later the formation of cystic cavities.

4. The sclerosis and its accessory phenomena may be regarded as the result of vascular lesions, and of the insufficient nutrition of the seminal glands in advanced age.

**Faith-Healing**—The *Century* for March has two articles on faith-cure—one *pro*, the other *con*. From the latter, by the Rev. Dr. Buckley, we quote as follows: "Families have been broken up by the doctrine taught in some of the leading faith-homes that friends, who do not believe this truth, are to be separated from, because of the weakening effect of their disbelief upon faith, and a most heart-rending letter has reached me from a gentleman whose mother and sister are now residing in a faith-institution not far from this city, refusing all intercourse with their friends, and neglecting the most obvious duties of life.

"Certain advocates of faith-healing and faith-homes have influenced women to leave their husbands and parents and reside in the homes, and have persuaded them to give thousands of dollars for their purposes, on the ground that 'the Lord had need of the money.'

"This system is connected with every other superstition. The Bible is used as a book of magic. Many open it at random, expecting to be guided by the first passage that they see, as Peter was told to open the mouth of the first fish that came up and he would find in it a piece of money. A missionary of high standing, with whom I am acquainted, was cured of this form of superstition by consulting the Bible on an important matter of Christian duty, and the passage that met his gaze was 'Hell from beneath is moved to meet thee at thy coming.' Paganism can produce nothing more superstitious than this, though many other Christians instead of 'searching the Scriptures,' still try to use the Bible as a divining rod.

"It feeds upon impressions, makes great use of dreams and signs and statements foreign to truth and pernicious in their influence. A young lady long ill was visited by a minister who prayed with her, and in great joy arose from his knees and said, 'Jennie, you are sure to recover. Dismiss all fear. The Lord has revealed it to me.' Soon after, physicians in consultation decided that she had cancer of the stomach, of which she subsequently died. The person who had received the impression that she would recover, when met by the pastor of the family, said, 'Jennie will certainly get well. The Lord will raise her up. He has revealed it to me.' 'Well,' said the minister, 'she has not the nervous disease she had some years ago. The physicians have decided that she has cancer of the stomach.' 'Oh, well,' was the reply, 'if that is the case, she is sure to die.'

"A family living in the city of St. Louis had a daughter who was very ill. The members of this family were well acquainted with one of the leading advocates of faith-healing in the East, who made her case a subject of prayer, and wrote her a letter declaring that she would certainly be cured, and the Lord had revealed it to him. The letter arrived in St. Louis one day after her death.

"These are cases taken not from the operations of recognized fanatics, but from those of leading lights in this *ignis fatuus* movement.

"It is a means of obtaining money under false pretenses. Some who promulgate these views are honest, but underneath their proceedings runs a subtle sophistry. They establish institutions which they call faith-homes, declaring that they are supported entirely by faith, and that they use no means to make their work known or to persuade persons to contribute. Meanwhile they advertise their work and institutions in every possible way, publishing reports in which, though in many instances wanting in business accuracy, they exhibit the most cunning wisdom of the children of this world \* \* \*

"The horrible mixture of superstition and blasphemy to which these views frequently lead is not known to all persons. I quote from a paper published in Newark, N. J., in the interest of faith-healing:

"DEATH.—Three of the richest men in Ocean Park, N. J., have died. Faith-healing has been taught in the place, but was rejected by them, so death came."

"CHARLESTON, S. C.—A few years ago the Holy Ghost sent me to preach in that city. But they rejected the Gospel and me. A wicked man shot at me and tried to kill me, but God saved me so that I was not harmed \* \* \* But I had to leave Charleston and do as the great Head of the Church said: \* \* \* "when ye depart out of that house or city, shake off the dust from your feet." Earthquake, September 1, 1886; one-half the city in ruins. It has a population of about fifty thousand people. Ye wicked cities in the world, take warning! God lives!"

**Peptonizing Ferment in Figs.**—A distinguished chemist confirms the statement made by others of a peptonizing ferment in figs, which also has a decided action upon starch and sugar. This fruit taken with other food materially aids digestion, and given to children in the form of syrup renders the starchy food which forms a large part of their diet digestible.

**Eucalyptus Honey.**—A small black bee makes its home in the eucalyptus tree and produces a large amount of honey, which has a strong flavor of the eucalyptus. When mixed with water or milk it forms a pleasant drink and diffuses a feeling of warmth through the body, the voice becomes clearer and the lungs seem stronger. It has been found a very pleasant and effectual remedy in bronchitis and laryngeal affections.

**Priority in Inoculation Against Rabies.**—The *Medical Record* says, on the authority of *Le Progrès Médical*, that in a medical journal (*Klinische Anweisungen*) appearing in Leipzig in 1849, an article is published discussing a method of preventing rabies by inoculation. The doctor employing this method called himself Constantine Hering, and lived in Philadelphia.

**Medical Progress in India.**—According to the latest advices from India, as quoted in the *Louisville Medical News*, Lady Dufferin's fund for providing medical aid for native women is making rapid progress. In the central provinces a prospectus has been circulated in the vernacular, and meetings have been held at various places. Classes for the teaching of midwifery have been started at Jubbulpore, and a native gentleman has offered to defray the cost of similar classes at Nagpore. The native princes

have shown much interest in the movement and a desire to co-operate liberally. The Maharajah of Ulwar is not only selecting students to be sent to the female training schools, but also proposes to open a dispensary under a native lady doctor, solely for the use of women.

**The Treatment of Epistaxis.**—Introduce into the nostril, to a considerable distance upward, a piece of fine sponge, cut to the size and shape necessary to enable it to enter without difficulty, previously soaked in lemon-juice or vinegar and water. The patient is to be kept lying on the face for a length of time, with the sponge in place. This, says *Lyon Medical*, is the procedure employed by M. Sireley for controlling epistaxis in typhoid fever patients.

**Breathing Cold Air in a Warm Room.**—An apparatus is advertised in Europe by which a person is enabled to breathe the air from without while sitting in-doors in a warm room. It consists of a simple tube, communicating through the window with the external air, to one of which there is an attachment to fit over the mouth and nose. The inventor claims that, as tubercle bacilli are destroyed by a low temperature, pulmonary phthisis may be cured by breathing frosty air through this apparatus.

**On the Relation of Lithæmia, Oxaluria and Phosphaturia to Nervous Symptoms.**—Dr. C. L. Dana, in a recent article on the relation of urinary disturbances to nervous symptoms, arrives at the following conclusions:

1. There is no such thing as lithæmic or uric acid diathesis, or as an oxalic or phosphatic diathesis.
2. There are, however, morbid conditions of the nervous system, which are associated with excessive acidity of the urine, and excess of uric acid in the urine. The morbid nervous symptoms in these cases are those of gastric neurasthenia, lighter forms of spinal irritation, great nervous irritability, vertigo, headaches, bad sleep, hypochondriasis, etc.
3. The lithæmic state is one which is allied to gout and rheumatism, rather than identical with either.
4. The lithæmic state in question, associated with nervous symptoms, is generally brought on by some overstrain or draining of the nervous system, or by some chronic poisoning of it, as by malaria or lead. It is probably a trophic or metabolic neurosis, comparable to diabetes.
5. Oxaluria is generally only a form or indication of lithæmia. When oxalate of lime occurs in abundance, with deposits of earthy salts, it has no clinical significance.
6. Phosphaturia, or an excessive deposit of earthy and alkaline phosphates in the urine, may be only apparent, and due to deficient acidity of the urine from excess of vegetables or fruits in the diet. But an excessive discharge of phosphates may accompany conditions of functional nervous depression and irritation. It indicates, in these cases, a disturbance of digestion, due, perhaps, to some perversion of the innervation of the digestive organs. If kept up, the loss of phosphates and undue alkalinity of the blood may react upon the nervous system; but in the vast majority of cases phosphaturia is only an evidence of indigestion.
7. It is of great importance, for the purposes of diagnosis and treatment of chronic functional nervous disorders, that a careful study of acidity and alkalinity of the urine be made, and that the proportion of urates and phosphates discharged be estimated.

**What to do in Diphtheria.**—Diphtheria tends to kill by suffocation and by its poison exhausting the vital energy. Suffocation may be either accidental, or a natural result of the throat affection—accidental if the membrane, when thrown off, becomes lodged in the larynx; natural if the swelling inside the throat shuts off the supply of air to the lungs. Nature will attain the mastery over her enemy if the strength be kept up and the deposit arrested. With these points to guide us we know that the arrest of the disease and nutritious support are our great aim.

**Convulsions in Delirium Tremens.**—Patients suffering with delirium tremens may have convulsions which are epileptiform in character, and due simply to the effect of alcohol on the nervous system. They may also have convulsions which are uræmic, due to suppression of the renal functions. How is the diagnosis between these two forms of convulsions to be made? It is very simple. The uræmic convulsion is preceded by a reduction in the amount of or suppression of the urinary secretion, and the presence of albumen in the urine. In the epileptiform convulsion there may also be albumen in the urine, but the amount of secretion is nearly normal; the skin is moist; the pupils are usually not contracted, and the breathing is not very deep or stertorous, for if the patient is suffering from uræmia there is a tendency to take deep breaths in order to aerate the blood. There is no more constant signal sign of approaching uræmia than this deep breathing. With the epileptoid convulsions the patient may breathe naturally or, if in a state of coma, he may breathe slowly, but there will not be this deep stertorous form of breathing.

**Muscular Rheumatism Due to the Use of Tobacco.**—Dr. Edward Anderson of Rockville, Md., writes as follows to the *Maryland Medical Journal*, November 27, 1886: "I have met with a great many cases of muscular rheumatism due to the use of tobacco in some form, mostly in the shape of snuff placed under the tongue. All remedies were unavailing whilst the use of the weed was indulged in. Every practitioner, I think, on meeting with a case of the above disorder should inquire as to the tobacco habit, and correct it, if possible."

**Estimation of Chlorides in Urine.**—Longstreth proposes the following mode of estimating chlorides in urine: To a certain bulk of urine he adds, drop by drop, a solution of nitrate of silver of a known strength. The amount of chlorides precipitated being then estimated, the relation of this amount to the whole bulk of urine passed in twenty-four hours, as compared with the relation it ought to hold in health, will tell whether the kidneys are secreting or excreting as much of the chlorides as they should normally. If the chlorides are deficient, then the assumption is that all the other solid elements of the urine are deficient, and the renal function is faulty.

**Treatment of Umbilical Hernia.**—The following simple method is recommended by Dr. Archambault *Journal D'Accouchements*, Oct. 30, 1885.—A piece of white wax is rolled between the fingers into a little ball the size of a marble. It is then cut in two, and one of the halves placed, with its convex side down, into the umbilical depression, and retained there by a strip of adhesive plaster. In an hour or two the little hemisphere becomes sufficiently softened to adhere to the skin, and thus answers as a truss, without any other support.

**To Preserve Raw Meat.**—M. Le Comte D'Adhémar recently submitted to the Academy of Science, of Paris, a method which he has discovered of preserving raw meat when exposed to the air. The process consists of destroying by means of a certain gas, all germs of putrefaction which are met with in the deeper parts of the tissues. The meat retains all its nutritious qualities, and the taste and color of it are unchanged. By this means meat can be preserved, and remains good for one or two months; if a slight dryness occur, it is merely due to the evaporation of the moisture.

**A Simple Evaporator.**—Dr. Cleize, in the *Glasgow Medical Journal*, writes that, wishing to remove an ingrowing toe-nail, and being without a spray-producer, he covered the toe with a pledget of the size of a crown piece, poured ether on it, and evaporated this by means of a pair of bellows; in five minutes anesthesia was complete, and lasted while the nail was removed and the matrix seared with the actual cautery.

**Constipation as a Cause of Female Disease.**—(From a paper by Dr. Harriman, of Massachusetts.) In the case of failure to empty the lower bowel with normal frequency, we find the pernicious influences of such a state exerted through the general system, through a reflex nervous influence, and mechanically. When the excrement is retained for days and it may be for weeks, the functions of the colon are so perverted as to give rise to pathological processes. The effect of such a state can be seen in the slow toxæmia which exerts a benumbing influence on the nervous system, and depresses every function in the body. This state of the general health opens wide the door to all local troubles in the active organs of generation; ovulation and menstruation, which nature intended should be painless processes, become sources of anxiety and distress. Nearly all writers of diseases of women agree that flexions, and versions of the uterus may be due, in part at least, to habitual constipation. Faecal impaction may cause, or at least aggravate, menorrhagia and metrorrhagia, by interfering with the portal circulation, and producing congestion of the pelvic viscera. Leucorrhœa may be produced by the same cause. Vaso-motor disturbances are very frequent. Gastralgia, ovarian neuralgia, together with various hysterical manifestations are often the result of a loaded colon, and are cured by its relief. These constitute but a part of the evils which flow from a condition too often caused by false modesty, indolence, or procrastination, to point out the dangers of which should engage the attention of the physician, the teacher and the mother.

**Recognition of Death in the Fœtus by Abdominal Palpation.**—Dr. Negri, in the *Annali Di Ostetrica*, states that when the fœtus is dead, if the examiner, while palpating the superior pole of the uterus, gives a series of little blows with the tips of the fingers, a crackling sound resembling the crepitus of fractures will be noticed.

**Stammering.**—Dr. Dio Lewis said: "The worst cases of stammering may be cured if the patient be made to mark the time of his speech, as is done in singing. He is at first to beat on every syllable. He begins by reading a piece, striking the finger on the knee at every word. You can also beat time by striking the finger, hitting the thumb against the forefinger, or moving the large toe in the boot. An hour's practice each day will suffice."



## MISCELLANY.

—Dr. Widmark, having as a patient a young girl in whom he was unable to detect the slightest pathological changes in the right eye, but who was yet completely blind on that side, observing considerable defects in the teeth, sent her to a dental surgeon, who found that all the upper and lower molars were completely decayed, and that in many of them the roots were inflamed. He extracted the remains of the molars on the right side, and in four days' time the sight of the right eye began to return, and on the eleventh day after the extraction of the teeth it had become quite normal.

—M. Bouchard has induced cataract in rabbits by introducing naphthaline into the digestive canal. A daily dose equal to one one-thousandth of the animal's weight was given.

—We learn from the *Australasian Jour. Pharm.* that charcoal given in water is an antidote in strychnine poisoning. The writer says he has had many of his dogs poisoned, but he did not care how bad they were if they were only alive, as a dose of charcoal would enable them to walk in an hour.

—Since the compulsory use of the muzzle has been adopted in Berlin, rabies has been almost entirely suppressed in that city.

—One of the most curious statistical records recently compiled is that of Dr. Salzmann, of Essling, in Wurtemberg. He found on going over the ancient records of Essling, that in the sixteenth century the average duration of life among the physicians was 36.5 years; in the seventeenth, 45.8; in the eighteenth, 45.8, while at the present time the physicians of Wurtemberg reach the very favorable average of 56.7 years. It would appear that this very great increase in longevity was due to the disappearance of the pest, and the great diminution in the number of typhus epidemics.

—Dr. Bryson of St. Louis, thinks we would be less willing to promise cures if we would wait a sufficient length of time to enable us to observe with a fair degree of certainty whether or not a disease for which an operation had been undertaken was going to be cured thereby or only relieved. He recollected a case where hystero-epilepsy was cured, not by a removal of one or both ovaries, but by making an incision through the skin, having anesthetized the patient, and put her to bed, telling her the ovaries had been removed. Mental impression has a great deal to do with it.

—If a woman acquires syphilis during the fourth, fifth or sixth month of her pregnancy, it will be fatal to the fetus in about fifty per cent. of cases: if she acquire it during the seventh, eighth or ninth month, it will be still more fatal, though less so, even then, than if she acquire it before pregnancy, in which case it is fatal to the fetus in three-fourths of the cases.

—Dr. John Lynch, of Baltimore, several years ago announced as the result of a large number of recorded observations that in all cases of organic kidney disease, marked accentuation of the second sound of the heart was observed. Surgeon Godfrey, of the U. S. Marine Hospital, after the suggestion of Lynch, has kept notes of all the cases occurring in his observation, and has found in no in-

stance, an organic kidney disease, without very marked accentuation of the second sound of the heart.

—The way to sleep, says a scientist, is to think of nothing. But Dr. Hammond asserts this is a mistake, and says that the way to sleep is to think it is time to get up.

—The council of the Royal College of Surgeons of England has expelled one of its members for advertising in the secular papers.

—The sessions of the International Medical Congress will last six days.

—Dr. Wm. Goodell says when a person talks through the nose it always awakens, in his mind, a suspicion of specific disease.

—A new journal called *Death*, devoted to suicides, homicides, funerals, etc., is to be soon published in Chambersburg, Pa.

—Dr. M. Bessette, of Angoulême, communicates to the *Congres De l' Association Française*, at Blois, a very interesting observation on the arrest of progressive gangrene of the lower extremities by the use of the thermo-cautery.

—Her Majesty, Empress of India, has signified to the Countess of Dufferin, her intention of presenting medals to the most distinguished female licentiates in the medical schools of India. A gold medal will be offered for annual competition in each of the four Indian universities—at Calcutta, Madras, Bombay, and Lahore. These medals shall be called the Queen-Empress Medals, and be awarded only to candidates who attain a high standard of proficiency.

—Holmes says that charlatanism hobbles on the crutches, the tattle of women and the certificates of clergymen.

—The Forty-ninth Congress appropriated \$10,000 towards the expenses of the International Medical Congress, to be held in Washington, next September.

—Luminous trees are reported to be growing in a valley near Tuscarora, Nev. At certain seasons the foliage gives out sufficient light to enable any one near at hand to read small print, while the luminous general effect may be perceived some miles distant. The phenomenon is attributed to parasites.

—The Homeopathic Aid Association, of Chicago, carries on the business of life insurance on a strictly mutual plan on a principle similar to several new organizations which have been established during the past few years. It has an able and efficient board of directors, and is well endorsed by the profession. Mr. A. S. Sweet is president, Mr. McGrath secretary, and T. C. Duncan, M. D., medical director.

—Gambetta's cerebrum, on post-mortem examination, was found to verify in a remarkable fashion some of the latest deductions of physiology regarding the functions of the brain. Firstly, there was not only high development of the speech-center in the third left frontal region, but it actually exhibited a double folding in this area. In the forehead region, the statesman's brain showed complexities of folding, associated with great diagrammatic regularity. Altogether, the examination was of a highly interesting character, proving, as it did, the fact that evidences of genius and ability are not left unrecorded on the organ of mind.